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ABSTRACT

Over the 3 years of funding, 1983-1986, the Volunteers in Partnership with Parents Project (VIPP), a Handicapped Children's Early Education Program (HCEEP) Model Demonstration Program funded by the U.S. Department of Education, designed and implemented a program model for parents in rural North Carolina who had significantly handicapped preschool aged children. It was anticipated that rural parents would experience social isolation due to their lack of contact with other parents of special needs children and the scarcity of human resources available. It was also anticipated that the parents would need specific information pertaining to their children's development and they would need respite services provided by skilled caregivers. The use of volunteers as partners in working with parents was the cornerstone of the program. Project staff tapped into the parents' existing social support networks by requesting each family to identify a volunteer partner, who could be anyone other than a spouse. Sixteen families and a total of 17 children and 15 volunteer partners participated in the development of the model. Both formal and informal activities were offered to the parents and volunteer partners. These included: monthly group meetings; a monthly newsletter; a respite care service; a toy lending library; and social events. The children's program consisted of a developmental day care program and a home-based interventions program. Staff were also involved with the participants in the development and implementation of an individualized Parent/Partner Plan for working on goals of the parents' choice. Dissemination activities included the writing of two manuals, one on the "how to" of volunteering for a handicapped child and one on the implementation of a volunteer partner model. This report reviews each of the program's components, describes its evaluation study, and summarizes its major findings and recommendations. The following materials are appended: Fund Raising Publicity; Brigance Testing Results; Respite Care Program Evaluation; Parents' Needs Assessment Report; Family Social Support Scale; Parents' Feelings and Attitude Scale; Parent Exit Interview Schedule; Partner Exit Interview Schedule; Field Reviewer's Questionnaire; and Newsletter Evaluation

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THE VOLUNTEERS IN PARTNERSHIP WITH PARENTS (VIPP)
FINAL PERFORMANCE AND EVALUATION REPORT

Lynda A. Nelson
Project Director

East Carolina University
The Developmental Evaluation Clinic

September 1986

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The Volunteers In Partnership With Parents, (VIPP), Project was a model demonstration project that provided direct services to selected families, volunteers, and children. Projects that focus on the provision of services as their model naturally have a substantial number of individuals to whom they are indebted for their success. This was the case with the VIPP Project. A number of persons representing various programs and offices were specifically helpful to Project staff. These individuals were: Cynthia Rogers-Smith, Financial Officer, and Nancy Treusch, Program Officer, Office of Special Education Programs; A. Dewane Frutiger, Director of The Development Evaluation Clinic, and Robert Franke, Director of The Office of Sponsored Programs, East Carolina University; Joan Danaher, Technical Coordinator, TADS; Gerald Lineberger, Mental Retardation Specialist, Tideland Mental Health; and the members of the VIPP Advisory Board. These Board Members represented local, regional, and state offices. They provided widespread support for the Project, as well as facilitated in the solving of various programmatic concerns of Project staff.

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Part I - PROJECT IDENTIFICATION

All grantees are required to complete Part I of the Performance Report.

Date of Report: September, 1986	Grant Number: G008302283	Period of Report: From:10/1/83 To:9/30/86

Grantee Name and Descriptive Title of Project:

VOLUNTEERS IN PARTNERSHIP WITH PARENTS

CERTIFICATION: I certify that to the best of my knowledge and belief thi report (consisting of this and subsequent pages and attachments) is correct and complete in all respects, except as may be specifically noted herein.

Typed Name of Project Director(s) or Principal Investigator(s): Lynda A. Nelson, Director A. Dewane Frutiger, Investigator	Signature of Project Director(s) or Principal Investigator(s): Lynda A. Nelson

PART II - PROJECT SUMMARY

All grantees are required to complete Part II of the Performance Report

All grantees are to compare (in a narrative format) actual accomplishment over the grant award period to objectives contained in the originally approved grant application and, when appropriate, subsequently approved continuation applications. In addition to discussing project/program accomplishments and milestones, grantees should discuss slippages in attainment of program objectives and target dates and reasons for slippages where any differences occurred between originally stated objectives and the actual outcome of activities. This includes any failure to carry out all funded activities. When the output of the grant can be readily quantified, such data should be included -- and related to cost data for the computation of unit costs. When appropriate, utilize quantitative projections, data collected, criteria, and methodologies used to evaluate project/program accomplishments. Discuss reports made by or to professional journals, other publications, and professional conferences.

Grantees are also encouraged to highlight those phases, strategies, or products of their project/program which proved most successful.

Further monies may be withheld under these programs unless this report is completed and filed according to existing law and regulations (34 CFR Part 300).

ED Form 9037-1, 2/84

INTRODUCTION

Overview of The Report

The Project, Volunteers In Partnership With Parents, at East Carolina University has been documented in previous performance reports submitted to the Office of Special Education Programs. This report is the final performance report (for the period of October 1, 1985-September 30, 1986), and it contains the evaluation results for the Project.

Over the three years of funding, 1983-1986, the VIPP Project staff designed and implemented a program model that was for parents who lived in a rural area and who had significantly handicapped preschool aged children. It was predicted the parents would experience social isolation due to their rural environments with a lack of contact with other parents of special needs children and the scarcity of human resources, both of which are important sources of social-emotional support. Along with a need for social-emotional support, it was anticipated the parents would need specific information pertaining to their children's developments and they would need respite services provided by skilled caregivers. In addressing these needs, the VIPP Project staff tapped into the parents' existing social support networks by requesting each family (i.e., parent or set of parents when appropriate) to identify a volunteer partner.

A volunteer partner was anyone of the parent's choice with the exception of their spouse. The role of the partner involved being available to learn ways to provide skilled care for the special child, and being a supportive friend of that family. A variety of formal and informal training and supportive intervention strategies were offered to the parents and their volunteer partner.

The children's programs consisted of a developmental day care, and home-based intervention program. Enrollment into these programs depended upon the child's chronological age, diagnosed eligibility, and physical condition for transportation.

A major phase of the model development included dissemination activities. Although dissemination activities occurred throughout the grant award period, they became increasingly more important as the program model was refined. The dissemination activities were directed at national, state, and local audiences by using print, film, and personal appearances. Included in staff's dissemination efforts were the writing of two handbooks about being a volunteer and how to implement a volunteer partner program.

The final phase of the Project involved the closing-out of some programs while transitioning others for continuation by another administrative agency. Conclusion of the program evaluation activities also occurred during this phase.

The first part of this report is organized by reviewing each of the project's components. The subsequent sections of the report address the program evaluation study. A description of how the evaluation was conducted is presented. This is followed by sections containing the evaluation results for the individual components.

The summary findings and recommendations are presented in the final section of the report.

REVIEW OF THE PROJECT--OCTOBER, 1985-SEPTEMBER, 1986

Parent and Volunteer Partner Programs

Before detailing the activities and services of the parent and volunteer partner programs, background information about the contextual setting and the characteristics of the participating families is provided. The importance of this information is its "so-called richness," or the fuller understanding that it provides to the later presentation of data and findings.

Model program developers are constantly faced with the uniqueness of settings and characteristics of participants upon their models. The impact of these variables sometimes are carefully recorded, but more often than not, it is left to the report reader to venture an educated guess as to their effects. Although it is likely that the VIPP model could be successfully replicated in other settings and with other clientele, it was developed purposefully to meet the needs of a chosen group of parents who lived in a specific type of geographic area.

The initial premise of the VIPP model identified the lack of money, inadequate transportation, and the unavailability of professionals, as constraints to providing handicapped early intervention services in rural areas. This was the situation in Martin County which is located in Northeastern North Carolina. The county is classified as one of the State's poverty areas. Although the county is rich in agriculture, its largest industry, the workers employed are typically seasonal and unskilled farm laborers. Several smaller industries, subsidiaries of larger regional and national industries, also are located here. But like the agriculture industry, they generally employ the readily available unskilled labor force.

Nearly all the employed parents and volunteer partners work in these local industries. (Only one parent has a college degree.) For the most part, the parents and partners live near where they grew up. Several individuals reported moving away from the area during their young adult years, however, they have returned to the area.

Martin County's ruralness is characterized by its large geographic size and sparse population. Its outer boundaries total more than 100 miles, and the last census count was 28,000 citizens. The county seat has 8,000 populace, the largest community, and it offers the most human resources (i.e., physicians, social, and governmental offices). Schools are scattered throughout the area, with a relatively new, two year technical college located in the county seat.

A public transportation system is unavailable, however, school buses, headstart vans, senior citizen vans, and ADAPT vans provide travel for their own clientele.

Social life for many of the citizens evolves around their churches' activities. Churches in the small towns and at the crossroads throughout the county are numerous. Civic organizations exist and they provide another source of community participation. A listing of these organizations reveals that it is not unusual for an officer to simultaneously hold office in several organizations.

The racial composition of Martin County is reported to be 54% Caucasian and 45% Black (1% constitutes Other). Of the total sixteen families that participated in the Project, three (19%) families were White. Vestiges of past racial attitudes and customs linger, as manifested by the interactions between the races. Some of the biases are obvious; however, most are subtle in their effect.

Predominant attitudes of some of the participants, and of the larger social milieu, included a suspiciousness about something new that was offered by "outsiders" such as the Project's affiliation with a state university in a nearby county. However, some other participants seemed to convey the unspoken message, "Okay, if you want to help me, then it's your responsibility." It was important for Project staff to discourage this dependency role by adopting a facilitating orientation. This was more easily articulated than practiced, however staff sensitivity of the issue along with patience seemed to be an effective strategy.

An inspection of VIPP Project family constellations reveals that eight of the sixteen families consisted of mothers and fathers (i.e., natural, and step-parents) living together. These were the nuclear family households. One of these households was also multi-generational with the child's paternal grandmother living in the home. However, two other nuclear families were suspected to be experiencing unstableness or deterioration of the marriage relationship. The remaining five nuclear families had their extended families living nearby.

Five Project mothers were single. These mothers, except for one of them, lived with their parent(s), the child's maternal grandparent(s). The remaining three families that participated in the Project were foster parents. One foster family had two children enrolled in the Project. The size of the families' households ranged from 3 to 12 members, with 13 (81%) of the families having more than 3 members. An overwhelming majority of the families qualified for one or more types of public assistance.

Parent(s) gone to work, or no easy access to a telephone, or no reliable means of transportation were daily realities that influenced the development of the VIPP model. It was important to respond to each participant family in relation to their needs, value and belief systems, and available resources. The VIPP staff shares the view similarly espoused by many family workers--that is, universally affective intervention strategies are nonexistent.

The Parent/Partner Plan record identified the kinds of intervention needed by a family, and the specific goals that a volunteer partner could assist their family. The annual review of the Parent/Partner Plans was scheduled for all currently enrolled families starting in Fall 1985. This involved the re-administration of the data gathering instruments for the program evaluation, and scheduling an individual interview with the parents and their partners. Each Plan's goals were reviewed or revised, and new goals were written. (Many of the previous goals were carried over to the new Plan for example a partner's provision of respite care.) The annual review process was lengthy to complete due to scheduling conflicts, missed appointments, and delays in completing the data instruments. After the Plans were reviewed, then a bimonthly follow-up schedule of the Plans was maintained by Parent Trainer/Volunteer Coordinator.

During the late summer and early fall months of 1985, child find activities were conducted through newspaper advertisements, news feature articles, and individual contacts with professional who would be knowledgeable of families with significantly handicapped young children. This was necessary because the Project's enrollment had decreased by four children. (One child was placed in a residential school, one child entered public school, and two children were adopted.) The child find effort resulted in the identification of five eligible children during the final project year. However, one parent was not interested in participating in the Project.

As the newly identified parents enrolled their children in the day care program, Project staff provided them with an orientation to the Parent/Partner program. The parents were asked to complete the instruments on social support, the attitude scale, and a needs assessment. In addition, several interviews were scheduled to learn more about the parents' needs in regard to their special child. The next step in the process involved the development of a Parent/Partner Plan with the parent, their chosen partner, and the VIPP Parent Trainer/Volunteer Coordinator present.

Like the previous enrolled parents and their partners, the Plans became an individualized blueprint for working on goals of the parents' choice with help from their partners. Both parents, and partners received copies of the Plan. To assist the parents to reach their goals, Project staff implemented a variety of ongoing activities. Both formal and informal contacts occurred between staff and project participants. For some parents and a few volunteers, it was routine for them to stop by the VIPP office whenever they were in the building on an errand or another appointment. But for a few parents, public involvement with the VIPP Project was minimal. The VIPP intervention strategies that began the previous grant year and continued were:

1. Monthly Group Meetings--The meetings were organized to be informational, and to provide an opportunity for social support. The meetings were for parents, and volunteer partners, but it was not unusual for other family members and friends to attend. The topics for the meetings were selected by the results of the parents' needs assessments, and from the suggestions made by the attendees at the meetings. The VIPP parent trainer/volunteer coordinator was responsible for organizing and conducting the meetings. Other Project staff members and guest speakers oftentimes assisted at the meetings. The meeting dates and topics were announced in advance, and reminder notices and phone contacts were made several days prior to each meeting.

2. VIPP Newsletter--The project staff wrote a monthly newsletter about the status or plans of the Project, the activities of the children's programs, recognition of volunteers and special friends of VIPP, and a featured article on special needs children. The newsletters were mailed to parents, volunteers, and other individuals who had an interest in the Project. The readers were encouraged to contribute to the writing.

3. Toy Lending Library--The VIPP Toy Lending Library was implemented the previous grant year. It enabled parents and volunteer partners to check-out toys and adaptive equipment for their children's use at home. The VIPP teaching staff was available to explain, or demonstrate use of the toys and equipment for a particular child.

4. Social Events--Halloween, Christmas, and End-of-School Year provided occasions for potluck parties at VIPP. These events were well attended by families, their partners, and other friends and relatives.

In addition to the formal group-focused activities, the majority of the staff's intervention involved working with individual families. Some example include: (a) visiting sick children in the hospital; (b) working with insurance representatives or other agencies in identifying appropriate adaptive equipment for a child; (c) accompanying a parent to the regional office to discuss SSI matters; (d) locating a parent's requested reading materials; (e) assisting parents in scheduling appointments with specialists; (f) locating clothing for families; and (g) taping the VIPP Newsletters for parents who were visually impaired.

During the early stages of the model development, the staff assessed the volunteer partners' willingness to participate in specific training programs, and their desired levels of project involvement. The partners overwhelmingly expressed a preference to work individually with their families, thus the VIPP model relied upon the parents to set the tone of the partnership relationship with the VIPP staff available for guidance and specific training as needed.

The Parent and Volunteer Partner component concluded the end of June,1986, as the Parent Trainer/Volunteer Coordinator resigned her position a month early in order to continue with her graduate studies and seek other part-time employment. However, at the request of parents and staff, the group meetings and the newsletter are to be continued services when the children's programs become sponsored by the Tideland Mental Health Program.

Before concluding the review of the Parent and Volunteer Partner component, it is important to share what the parents and the partners did for the VIPP Project. As Project staff and other concerned professionals worked on plans for identifying potential continuation funding for the Project's children's programs, some of the parents, partners, and their "friends" became aware of the reality of the situation and expressed a desire to help. Thus, a group was formed with VIPP parents and partners taking a leadership role in organizing a community fund-raising event. Over $3,000 from an auction/rummage sale, and cash contributions was raised. This money was put in a special account to be used to continue the developmental by care program after the Project concluded.

The VIPP fund-raising was considered to be a success by individuals who were familiar with local community support of such activities. But just as importantly, there was much positive publicity given to the Project: Businessmen, civic club members, governmental officials, and church congregations learned about the poignant needs of preschool handicapped children in their community. The parents for the first time had a real need to become an advocate for their children.

Appendix A contains a copy of a letter that a parent composed to be distributed throughout the community for support of the VIPP Project.

Review of Children's Component

A total of 17 children received services throughout the Project's operations. However, this number was not served at any one time because of fluctuating enrollments. As discussed in the above, four children left the Project at the end of the 1985 fiscal year. The five newly identified children, except for one child, began services as soon as the transportation arrangements could be made. The Project continued to contract with the local public school system for transporting the VIPP day care children on the mini-buses used for special education. For most of the 1985-86 school year, seven children received services in the day care program, three days per week. Another five children were enrolled in the home-based program with weekly visit by the staff.

During March, 1986, when program transition plans were initiated, another aide was hired with state monies (i.e., Title XX Day Care Funds, and Grant-In-Aid Mental Health Funds). At that time, two of the home-based enrollees transferred to the day care program. The day care program expanded scheduling to five days a week, thereby qualifying for state funds to support the increased level of services, and to be carried over for program continuation beyond the VIPP grant. Services for the home-based program were maintained at the same level during this time.

The contracts with the previous consultants, were renewed for the 1985-86 year. Speech, occupational, and physical therapists each spent one day per month at the VIPP center. The home-based enrolled children who needed to be seen by a specialist were either brought to the day care center, or the therapist traveled to their homes. The Project staff had access to the consultants between visits by telephone contacts whenever needed.

The Project teaching staff did not rely on any one curriculum program, but used what seemed appropriate for young children with moderate and severe handicaps. The instructional programs accompanying the Brigance Diagnostic Inventory of Early Development, the Carolina Curriculum for Infants, the Portage Project, and the Oregon Project for Preschool Blind Children were primary sources of of commercially available programs that were used. The staff also relied on the recommendations of the VIPP consultants to help plan appropriate learning goals and activities for specific children.

The home-based enrolled infants and toddlers had learning goals that primarily focused on their physical and motor, communication, and cognitive development. A weekly home visit by the staff lasted 30 to 40 minutes with the child and their caregiver. Written progress notes were filed after each visit. The goals for the older children, who were enrolled in the day care center, emphasized self-help, communications, motor and physical, social, and cognitive development. A typical day care schedule would be:

9:00-9:15	Arrival
9:15-9:30	Bathroom
9:30-9:45	Breakfast
9:45-10:15	Individual Goals
10:15-10:30	Music or Art
10:30-10:45	Bathroom
10:45-11:15	Playground
11:15-11:30	Bathroom
11:30-12:00	Lunch
12:00-12:15	Bathroom and Grooming
12:15-2:00	Rest
2:00-2:15	Bathroom
2:15-2:30	Freeplay
2:30	Departure: Bus

During the final year of the grant, all the children received a comprehensive re-evaluation through the Developmental Evaluation Clinic, at East Carolina University. In addition, the Project teacher re-administered the Brigance Diagnostic Inventory of Early Development during the fall and late spring of the year. The children's IEP records were reviewed and updated as required by Federal regulation.

The children's services were transitioned to the local area mental health agency, Tideland Mental Health, for continued operation in July, 1986. (The project funded aide position ended in June, while the teacher's funded position terminated in July). The Tideland Mental Health Agency, which serves Martin County, was advised that state mental retardation and day care funds would become available to continue the VIPP developmental day care program. In addition, the Tideland program was able to extend an existing early child intervention grant to Martin County and begin serving the project's home-based children, when the VIPP Project concluded.

Review of Project Dissemination Activities

According to the original grant proposal, two products were to be developed: A handbook for volunteers telling the "how to" of volunteering for a handicapped child, and a manual for program administrators on the implementation of a volunteer partner model. During the final grant year, the Project staff concluded their work on these activities. Both the Manual and the Handbook were completed during the spring of 1986, at which time an external field review was conducted. The overall response by the reviewers for both handbooks was very positive.

Dissemination of the two products included submitting them to ERIC for consideration in the Clearinghouse system, and distributing the handbooks to individuals at the state, and local levels who may have a potential use for the information. (Accompanying each set of books was a VIPP brochure.) An abstract of the VIPP products also was submitted to TADS for inclusion in their spring newsletter about new products and resources in early childhood education.

In the early fall (1985), the staff (with technical assistance from the TADS Project) completed a lecture/slide presentation about the VIPP Project. At that time a letter was sent to the officers of local civic organizations informing them of the availability of the VIPP staff for program presentations. This resulted in the staff making a number of appearances throughout the year. In addition, the VIPP Project was an invited presentation at a two-part (fall and spring) statewide conference on model family intervention approaches.

The VIPP project was featured in the winter edition of a statewide newsletter "The Infant Informer," that focused on early intervention programs. Other publicity about the Project was through the local newspaper. The newspapers ran several stories about the VIPP programs, and the families associated with the fund-raising activities. In addition, pictures of VIPP children during a special event at school would occasionally be in the newspaper.

Project brochures were periodically distributed to various locations in the community, such as the library, the medical offices, social service agency, etc. The brochures also were mailed with project correspondence whenever appropriate, and they were routinely distributed whenever staff made presentations.

How The Evaluation Was Conducted

The VIPP project evaluation plan was revised from the original grant proposal to be more appropriate to the developing model, and to the participants' (i.e., children, parents, and volunteer) abilities and motivational levels. Consultation about the evaluation design and the selection of instruments was obtained through the TADS Project by the VIPP Project Director. The Project Director was responsible for conducting the evaluation and reporting the results.

The program evaluation plan consisted of repeated measures to identify gains in the children's developmental levels, and changes in the parents' attitudes and social support needs. In addition, measures of satisfaction and perceived impact were obtained from the parents and their volunteer partners regarding the volunteer partner model. The lack of a control group and the insufficient size of the groups required the data to be treated in a descriptive manner.

Specific programs and services which were implemented as intervention strategies were evaluated. These included the VIPP Newsletter, the group meetings, the respite program, and the toy library. The two products, the manual and handbook, were externally field reviewed and disseminated. The result of the review is included in this report.

The use of standardized instruments, adapted other-project instruments, and staff developed questionnaires and interview schedules were included in the data collection. The evaluation activities were affected by several factors: (a) many parents and volunteers expressed a dislike for such an activity, and (b) some parents and volunteers had limited communication skills. Thus, it was necessary to be cognizant of the format and reading level of all data instruments. Whenever possible, personal or phone interviews were conducted. The mailed questionnaires always included a return stamped enveloped. Occasionally other incentives to return questionnaires such as a stick of gum or a tea bag accompanied the questionnaires. But for many individuals, several follow-up contacts were necessary before data sets were completed.

The following summary chart (Figure 1) shows the data collection schedule along with the evaluation instruments used.

Children's Programs Evaluation

The original grant proposal included the following evaluation goals for the children's programs: (a) obtaining norm referenced evaluative information about the child's functioning and capacities for learning from multiple sources; (b) obtaining semi-annual and norm referenced evaluations to document child's changes; (c) documenting the child's behavior and progress towards achieving objectives on a weekly basis; (d) assessing the extent the VIPPs have reached their objectives of the Parent/Partner Plans; (e) assessing the extent staff have gained knowledge and skills to implement the VIPP Project. The evaluation plan for the children's programs (i.e., center-based and home-based) was designed to focus on goals (a) through (c).

Descriptive information about the VIPP children reveals the youngest child was six months, and the oldest child was 5 years, 2 months at the time of their enrollment in the Project. All 17 children were referred to the VIPP Project by other professionals either in the community, or by the staff of several outreach programs at the nearby affiliated university. Enrollment fluctuated over the two years of direct services, with 14 children being the most served at any one time. As stated elsewhere, all the children were

Figure 1

VIPP Program Evaluation

Project Component	Instrument	Collection Schedule
Children's Programs	Multi-disciplinary evaluation at Developmental Evaluation Clinic	Initially upon child's enrollment and annually thereafter
	Brigance Diagnostic Inventory of Early Development-teacher administered	Initially upon child's enrollment and semi-annually thereafter
Parents' & Volunteer Partners' Programs	VIPP Parents' Strength & Needs Assessment	Annually to Parents
	Family Social Support Scale	Annually to Parents
	Parent's Feelings & Attitude Scale	Annually to Parents
	VIPP Staff Monitoring Evaluation & Project Evaluation of Participants Satisfaction	Summer1985 to Parents
	VIPP Project Exit Interview	July 1986 to Parents & Volunteer Partners
	Parent/Partner Plan Follow-up	Bimonthly to Parents & Volunteer Partners
VIPP Newsletter	Project Designed Questionnaire	Jan. & Sept. 1985 Mailing list
VIPP Respite Program	Project Designed Pre-Post Questionnaires	Summer 1985 to Parents & Volunteer Partners
Parent/Partner Group Meetings	Project Designed Questionnaire	At end of each meeting to participants

VIPP Toy Lending Library	Questions included on other Project Designed Questionnaires (Parents' Project Satisfaction, and the Exit Interviews	Summer 1985 & July 1986 Parents and Volunteer Partners

evaluated at the Developmental Evaluation Clinic at East Carolina University, and diagnosed as moderately or severely/ profoundly mentally retarded prior to enrolling in the VIPP Project. Many of the children had multiple disabilities, for example:

- five children were cerebral palsied (three were severe quadriplegics with two having uncontrolled seizure disorders.
- two children were legally blind.
- one child with Downs Syndrome was also being treated for leukemia.
- one child was born without a spleen and the reversal of internal organs. She also had a heart pacemaker.
- one child had autistic-like characteristics.

Developmental growth was slow, as to be expected, for the children. For some children, evidence of their progress was best reported by the observations and comments from the therapists and parents. Some children who initially were unable to respond to formal testing became tolerant of such a situation with subsequent exposures, however, their test results still fell below the test norms.

The evaluation of the children's programs consisted of the monitoring the developmental growth in the learning domains that were addressed by the VIPP intervention programs. Developmental gains were formally assessed by the comprehensive evaluations of the Developmental Evaluation Clinic (DEC), and the VIPP staff-administered Brigance Diagnostic Inventory of Early Development. For the children who were also blind, the Oregon Project For Visually Impaired and Blind Preschool Children assessment was used. The Brigance instrument is commercially available from Curriculum

Associates, Inc., and it is commonly used with children who are similar to the VIPP enrollees. When selecting an assessment instrument, Project staff considered the age span match to the VIPP children and the content correspondence with the VIPP instructional goals.

Table 1 shows the total monthly gains for each developmental learning domain measured by the Brigance and the child's total months enrolled in the VIPP Project. Appendix B contains the individual Brigance data charts for the children.

Other evaluation procedures included the documentation of progress on a weekly basis for the home-based enrollees, and progress notes for the children that the consulting therapists saw on a monthly schedule. These records were used by the Project staff to provide formative evaluation information while monitoring individual children's learning progress.

The evaluation process at the Developmental Evaluation Clinic involved a comprehensive social history with the child's parents, medical and neurological examinations as indicated, speech and audiological examinations, occupational and physical therapy evaluations, and a cognitive assessment for each child. The VIPP personnel attended the staffings where verbal and written recommendations were made. Afterwards the DEC case coordinator shared the evaluation findings with the child's parents. These evaluations resulted in much useful data about the children, however for the purposes of the VIPP program evaluation, only the results of the cognitive testing are reported on Table 2.

TABLE 1

Summary of Brigance Developmental Gains for Children and Total Months Enrollment in VIPP Project

Child	Total Mos. Enrolled	Pre-Ambulatory	Gross Motor	Fine Motor	Self Help	Pre-Speech	Speech & Language	Gen. Know. & Compreh.	Readiness	Math
E.J.	10		1 mo	7 mo	9 mo	1 mo	1 mo	1 mo		
S.D.	21		31 mos	17 mos	13 mos	5 mos	6 mos		0 mo	
T.S.	14	4 mos		1 mo	8 mos	7 mos				
T.B.	21		12 mos	12 mos	24 mos	mastered	14 mos	25 mos	2 mos	
T.H.	10		10 mos	regress 1 mo	5 mos	mastered	7 mos	14 mos		
A.B.	8		8 mos	4 mos	6 mos		4 mos	10 mos	2 mos	
T.C.	15	3 mos			2 mos	2 mos				
M.H.	17	1 mo			1 mo	1 mo				
M.G.	18	3 mos	5 mos	4 mos	12 mos	5 mos	4 mos	4 mos	0 mo	
D.J.	9		8 mos	6 mos	1 mo	0 mo	2 mos		2 mos	
D.P.	18	2 mos	2 mos	7 mos	3 mos	1 mo	4 mos			
J.R.	15	2 mos		0 mo	4 mos	2 mos	0 mo			
F.T.	6		12 mos	10 mos	8 mos		6 mos	0 mo	2 mos	2 mos
T.P.*	3									
V.P.*	6									

Notes: *T.P. and V.P. were tested one time; therefore, computation of gain scores not possible.
The empty cells signify not tested or only tested one time. Data for the two blind children, Mandy and Demetrius, are in appendices material.

The DEC psychologists administered either the Bayley Scales of Infant Development, or the Stanford Binet Test of Intelligence, or the Reynell-Zinkin Scale for the children with visual handicaps.

Toy Lending Library Evaluation

The VIPP grant proposal identified the goal of establishing a lending library of toys, instructional materials, professional books about handicapping conditions for siblings, a Polaroid camera and curricula with activities printed on cards . . . (p. 34). To meet this goal for a lending library, a supplemental grant from the Henry Eugene Keehln Estate was awarded to the VIPP Project in December, 1984, to purchase developmentally appropriate toys, adaptive equipment, and storage units.

To assist the staff in organizing a lending library, a survey questionnaire was mailed to agencies throughout the country known to have toy libraries. Inquiry was made regarding the operation and management of a toy library service. The VIPP Toy Lending Library was operationalized in the spring of 1985.

Throughout the remainder of the VIPP Project, parents and their volunteer partners were periodically encouraged to use the library by reminders given at the group meeting and announcements made in the VIPP newsletters. The toys and equipment were kept on open shelving so that anyone easily could locate them, however, it was oftentimes the staff who initiated usage of the library by taking a toy and demonstrating its use for a specific child while on a home visit.

TABLE 2

Summary of Cognitive Evaluations for VIPP Children

Child	Birth-date	Date Tested	Name of Test	Mental Age Score
T.B.	1/8/81	10/83	Bayley	17-18 mos (extrapolated)
		4/85	Bayley	23 mos
		4/85	Binet	Too low to score
		5/86	Binet	29 mos
A.B.	5/29/82	3/85	Bayley	21 mos (extrapolated)
		5/86	Binet	30 mos
V.B.	1/22/81	1/84	Bayley	2-2-1/2 mos (extrapolated)
T.C.	7/2/84	2/85	Bayley	1-2 mos (extrapolated)
		4/86	Bayley	1-2 mos (extrapolated)
N.D.	11/18/81	3/84	Bayley	8-9 mos (extrapolated)
		4/85	Bayley	12 mos
		5/86	Bayley	20 mos
M.G.	1/6/83	9/84	Bayley	9-10 mos
		11/85	Bayley	15 mos
T.H.	1/19/80	10/82	Bayley	16 mos
		1/84	Bayley	22 mos
			Binet	Too low to score
		3/85	Binet	36 mos
M.H.	8/17/82	9/84	Bayley	Too low to score
		4/85	Bayley	Too low to score
		5/86	Bayley	Too low to score
K.J.	7/10/79	6/84	Bayley	17-18 mos (extrapolated)
		4/85	Bayley	21-22 mos (extrapolated)
			Binet	Too low to score
D.J.	11/17/81	8/85	Bayley	24 mos (extrapolated)
D.P.	6/27/83	5/84	Bayley	4 mos (extrapolated)
		10/85	Bayley	5-6 mos
T.P.	9/25/81	8/85	Binet	27 mos
J.R.	2/22/84	3/85	Bayley	4-4-1/2 mos
		6/86	Bayley	5 mos
T.S.	11/15/84	4/85	Functioning too low to test	
		3/86	Bayley	10-1/2 mos
F.T.	9/4/79	9/82	Bayley	18 mos
		1/84	Binet	Below 24 mos, adjusted
		4/85	Binet	28 mos
D.L.	5/24/82	6/85	Reynell-Zinkin	35-36 mos
		5/86	Reynell-Zinkin	43 mos
A.M.	11/5/81		Unable to test	
			Reynell-Zinkin	24 mos

The final exit interviews for both the parents and volunteer partners inquired about the use of the toy library. Seven parents indicated that they had utilized the library. And several of these parents commented that they "really liked it." Three parents said that they did not use the library with one of the parents indicating that her child had adequate toys at home. Five volunteer partners reported using the toy library; however, two other partners said they did not make use of the lending library service.

Instead of purchasing books and other printed materials for siblings about handicapping conditions, the Project staff responded to the families' reading requests on an individual basis. On several occasions, reading materials for parents were checked out at the university library.

The VIPP Respite Program Evaluation

A recurring theme in the VIPP grant proposal was the suspected need for respite programs for parents with handicapped children. This need was thought to be critical for the VIPP families, due to the severity of their children's handicapping conditions and the limited support resources in the community. The staff learned from the VIPP parents that they were reluctant to leave their special children in the care of persons unfamiliar with their children's needs, and the parents were unfamiliar with the concept of respite care. During the summer months of 1985, a respite care program was implemented for the VIPP families. This program was supported in part by a grant from the North Carolina Developmental Disabilities Council.

The respite program was specifically designed to be a pilot project lasting eight weeks. The VIPP program was an adaptation of the companion-sitter respite model that drew upon the existing project resources, namely the volunteer partners. It was anticipated that VIPP parents would utilize the sitter services of the volunteers for some "time off" from the demanding care-giving responsibilities of their special child. Appendix C contains the Final Evaluation Report of the VIPP Respite Care Program.

As suspected, the need for respite services was great for many of the VIPP parents. This was evidenced by their satisfaction with the respite program and the ongoing goals for respite services on their Parent/Partner Plans. The impact of the respite program was best articulated by several parents at the final exit interviews. These parents spoke at length about the benefits of the respite program. One parent indicated that her next project was to work towards establishing a respite program in the community for all parents with handicapped children.

Monthly Group Meetings Evaluation

The group meetings addressed several Project goals. These meetings became the primary activity for providing a forum for information about parenting and young special-needs children, and a source of social-emotional support for the parents. The VIPP Parent Trainer/Volunteer Coordinator was responsible for organizing and conducting the monthly meetings.

The content of the meetings was structured around the parents' assessed informational needs. (See Appendix D: Parents' Needs

Assessment Summary.) The training curriculum, Connections: Developing Skills For The Family Of The Young Special Child, 0-5, was selected as the primary instructional resource. This material is available from the Special Education Parent Facilitator Program, Sequoia Elementary School, 4690 Limerick Avenue, San Diego, California 92117. Other training resources that were used included audio-visual materials from TAP-IN, a technical assistance project in North Carolina, and specialists as guest presenters. Refreshments and babysitting services were provided.

The attendance at the meetings varied. There were seven parents and volunteers who regularly attended, but four VIPP families chose not to participate in Project group activities. As previously mentioned, it was not unusual for the parents to bring other relatives and friends to the meetings.

For several months door prizes were given at the meetings to increase attendance. However, the staff decided to discontinue this practice since it did not seem to make a significant difference. An informal survey with colleagues, who also worked with parent groups, revealed that perhaps the VIPP participation was close to the norm. Table 3 shows the topic of each meeting and the number of persons attending.

At the close of each meeting the participants were asked to complete an evaluation questionnaire. The purposes of the questionnaire were to provide Project staff with feedback regarding the participants' perception of the information presented, and to provide an opportunity to request further information. Tables 4 through 15 summarize the responses from each meeting. Starting with

TABLE 3

VIPP Parent/Partner Meeting Topics and Number of Participants During September 1984 - June 1986

Topic	Date	Attendance (excluding staff) Parents	Partners	Friends
VIPP Project Parent Orientation	Sept. 1984	Attendance not recorded		
"Your Family Is Unique"	Oct. 25, 1984	8	4	0
"Choosing Appropriate Toys For Your Child"	Nov. 27, 1984	4	2	0
Christmas Party	Dec. 13, 1984	5	4	7
"Why Me? Coping With A Special Child"	Jan. -- rescheduled Feb. 7, 1985	6	2	0
"We're In This Together: Understanding the Feelings and Attitudes of Siblings and Extended Family Toward the Special Child"	Feb. 28, 1985	2	2	0
"Stress Reduction" (guest speaker)	Mar. 28, 1985	5	3	1
"Gross and Fine Motor Development"	April 25, 1985	4	2	2
Picnic for VIPP Families and Volunteers	May 18, 1985	Attendance approximately 40		
"Cognitive Development"	June 20, 1985	4	2	0
"Language Development"	July 18, 1985	2	3	2
"Social and Emotional Development"	Aug. 15, 1985	6	1	0
"Developing Self-Help Skills"	Sept. 19, 1985	4	0	0
Halloween Party	Oct. 24, 1985	8	3	approx. 25

TABLE 3 (continued)

VIPP Parent/Partner Meeting Topics and Number of Participants During September 1984 - June 1986

Topic	Date	Attendance (excluding staff)		
		Parents	Partners	Friends
"The Severely Physically Disabled Child and Their Occupational Therapy Needs" (presentation by parents and OT consultants)	Nov. 21, 1985	14 participants (many individuals did not provide identification information)		
VIPP Christmas Party	Dec. 19, 1985	Approx. 30-40		
"Qualifying & Applying For SSI" (speaker from the SSI Office)	Jan. 11, 1986	5	3	(4 persons did not complete forms)
No formal parent meeting in February. However, parents and friends began meeting on Saturdays (from February through May) to organize fundraising activities.				
"Building Your Child's Self-Esteem" (speaker from Mental Health Program)	Mar. 20, 1986	7	1	
"Your Child's Emotional Needs"	April 17, 1986	5	1	
No meeting in May, as VIPP Fundraising Auction/Rummage Sale was May 31st.				
VIPP Picnic	June 26, 1986	Approx. 20-25		

TABLE 4

Evaluation Responses For Meeting Topic: "Your Family Is Unique"

(Number of Evaluation Forms Completed = 6;   Missing = 6)

1. How adequately did this workshop meet its objectives/outcomes?

   0 = not at all; 0 = very little; 0 = somewhat; 3 = quite a bit;
   3 = very much

2. Will you be able to apply anything you learned today?

   5 = yes; 1 = not sure/too soon to tell; 0 = no

3. Please list any aspects of this workshop that you feel were outstanding.

   Responses: stages of development (3)
   each child is unique

4. Please list any aspect of this workshop that you feel needs to be improved or eliminated.

   Responses: about toys
   no response (5)

5. List activities/presentations you would like scheduled in the future.

   Responses: How to cope with a problem child
   Toys - behavior
   None as of yet
   No response (3)

6. Overall evaluation of this workshop:

   0 = 1 (low); 0 = 2; 0 = 3; 2 = 4; 4 = 5 (high)   MEAN SCORE = 4.67

TABLE 5

Evaluation Responses For Meeting Topic: "Appropriate Toys For Your Child"

(Number of Evaluation Forms Completed = 3; Missing = 3)

1. How adequately did this workshop meet its objectives/outcomes?

   0 = not at all; 0 = very little; 0 = somewhat; 0 = quite a bit; 3 = very much

2. Will you be able to apply anything you learned today?

   3 = yes; 0 = not sure/too soon to tell; 0 = no

3. Please list any aspects of this workshop that you feel were outstanding.

   Responses: Tonight everything really
   The types of toys that are appropriate for the children
   I learned toys that I can buy that will really benefit Virgduall's playtime. I really didn't know what to buy for him.

4. Please list any aspect of this workshop that you feel needs to be improved or eliminated.

   Responses: no response (3)

5. List activities/presentations you would like scheduled in the future.

   Responses: Taking pictures
   Picture taking of the children
   No response (1)

6. Overall evaluation of this workshop:

   0 = 1 (low); 0 = 2; 0 = 3; 1 = 4; 2 = 5 (high) MEAN SCORE = 4.67

TABLE 6

Evaluation Responses For Meeting Topic: "Coping With A Special Child"

(Note: No evaluation was made of the Christmas Party and the January meeting was rescheduled to February.)

(Number of Evaluation Forms Complete = 8 Missing = 0)

1. How adequately did this workshop meet its objectives/outcomes?

   0 = not at all; 0 = very little; 0 = somewhat; 3 = quite a bit; 5 = very much

2. Will you be able to apply anything you learned today?

   7 = yes; 1 = not sure/too soon to tell; 0 = no

3. Please list any aspect of this workshop that you feel was outstanding.

   Responses: The movie; group conversation
   The film (2)
   Tending and working a lot with your child.
   The emotions one feels; how to deal with the situation of the child.
   I thought the film was pretty good; I can't get over how the 20 year old girl looks so good.
   I liked the film -- it showed ways of coping also having mixed emotions were normal.
   No response (1)

4. Please list any aspect of this workshop that you feel needs to be improved or eliminated.

   Responses: Thought everything was great
   Can't think of any
   None
   No response (5)

5. List activities/presentations you would like scheduled in the future.

   Responses: Picnic
   Each child's birthday, have a birthday party for them.
   Meeting of all the children.
   More films or discussions on other handicapped families and the way they handle the situation.
   No response (4)

6. Overall evaluation of this workshop:

   0 = 1 (low); 0 = 2; 0 = 3; 3 = 4; 5 = 5(high) MEAN SCORE = 4.63

TABLE 7

Evaluation Responses For Meeting Topic: "Stress Reduction"

(Note: No evaluation data are available from meeting in February on "We're In This Together: Understanding The Feelings and Attitudes of Siblings and Extended Family Toward The Special Child".)

(Number of Evaluation Forms Completed = 9; Missing = 0)

1. How adequately did this workshop meet its objectives/outcomes?

   0 = not at all; 0 = very little; 0 = somewhat; 4 = quite a bit; 5 = very much

2. Will you be able to apply anything you learned today?

   7 = yes; 2 = not sure/too soon to tell; 0 = no

3. Please list any aspect of this workshop that you feel was outstanding.

   Responses: Parent participation
   None
   How to handle stress
   The stress speech
   I liked the complete meeting.
   I liked the talk on stress.
   Good speaker; effective presentation; good topic—applies to everyone. Discussed ways that we can deal with stress.
   Talks about things that are happening now; way in which to cope.
   Talks about the goals, relaxation; exercise attitude and togetherness.

4. Please list any aspects of this workshop that you feel needs to be improved or eliminated.

   Responses: None (2)
   Felt the subject was well covered
   No response (6)

5. List activities/presentations you would like scheduled in the future.

   Responses: Presentations by therapists--i.e. speech, physical, etc.
   No response (8)

6. Overall evaluation of this workshop.

   0 = 1(low); 0 = 2; 0 = 3; 6 = 4; 3 = 5(high) MEAN SCORE 4.33

TABLE 8

Evaluation Responses For Meeting Topic: "Cognitive Development"

(No evaluation data are available from the meeting in April on "Gross and Fine Motor Development" or from the picnic in May.)

(Number of Evaluation Forms Completed =5; Missing=1)

1. How adequately did this workshop meet its objective/outcomes:

   0 = not at all; 0 = very little; 0 = somewhat; 1 = quite a bit; 4 = very much

2. Will you be able to apply anything you learned today?

   5 = yes; 0 = not sure/too soon to tell; 0 = no

3. Please list any aspects of this workshop that you feel were outstanding.

   Responses: All
   Cognitive development was one of the best talks so far
   Everything
   All
   No response (1)

4. Please list any aspects of this workshop that you feel needs to be improved or eliminated.

   Responses: None (3)
   No response (2)

5. List activities/presentations you would like scheduled in the future.

   Responses: Learning to help muscle control
   No response (4)

6. Overall activities of this workshop.

   0 = 1(low); 0 = 2; 0 = 3; 2 = 4; 3 = 5(high) MEAN SCORE = 4.60

TABLE 9

Evaluation Responses For Meeting Topic: "Language Development"

(Number of Evaluation Forms Completed = 6; Missing = 1)

1. Was the topic of interest to you?

   5 - yes; 1 = no; 0 = no response

2. Was the topic presented well:

   5 = yes; 0 = no; 1 = no response

3. Was the information what you expected from the proposed topic?

   5 = yes; 0 = no; 1 = no response

4. Did you gain information that will probably be helpful to you?

   6 = yes; 0 = no; 0 = no response

   Comments: I have learned alot.
   Speech
   No Comment (4)

5. Will you be able to apply this information in your day-to-day living?

   5 = yes; 0 = no; 1 = no response

6. Would you like any more information about the topic?

   1 = yes; 5 = no; 0 = no response

   Comments: More activities that would work well with the handicapped child.
   No Comment (5)

7. Which would you rather have:

   (a) A formal meeting to gain information (professional speaker) . . . . . (2)
   (b) An informal meeting to gain information (group discussion, small group activities) . . . . . (4)
   (c) A meeting to gain information supplemented by handouts, films, videotapes) . . . . . (4)
   (d) A meeting to have the opportunity to talk to other parents and partners . . . . . (2)

8. Suggestions for future meetings.

   Response: None (2)
   No response (4)

TABLE 10

Evaluation Responses for Meeting Topic: "Social and Emotional Development"

(Number of Evaluation Forms Completed = 6; Missing = 1)

1. Was the topic of interest to you?

   6 = yes; 0 = no; 0 = no response

2. Was the topic well presented?

   6 = yes; 0 = no; 0 = no response

3. Was the information what you expected from the proposed topic?

   4 = yes; 0 = no; 2 = no response

4. Did you gain information that will probably be helpful to you?

   6 = yes; 0 = no; 0 = no response

   Comments: very interesting
   the time out
   I like the time-out approach.
   no comment (3)

5. Will you be able to apply this information in your day-to-day living?

   6 = yes; 0 = no; 0 = no response

6. Would you like any more information about the topic?

   2 = yes; 2 = no; 2 = no response

   Comments: more ways to handle behavior problems instead of spankings

7. Which would you rather have:

   (a) A formal meeting to gain information (professional speakers) . . . . . . (1)
   (b) An informal meeting to gain information (group discussion, small group activities . . . . . . (4)
   (c) A meeting to gain information supplemented by handouts, films, videotapes) . . . . . . (3)
   (d) A meeting to have the opportunity to talk to other parents and partners . . . . . . (1)

8. Suggestions for future meetings.

   Response: The meetings thus far have been fine.
   no response (5)

TABLE 11

Evaluation Responses For Meeting Topic: "Developing Self-Help Skills"

(Number of Evaluation Forms Completed = 4; Missing = 0)

1. Was the topic of interest to you?

   4 = yes; 0 = no; 0 = no response

2. Was the topic well presented?

   4 = yes; 0 = no; 0 = no response

3. Was the information what you expected from the proposed topic?

   2 = yes; 0 = no; 2 = no response

4. Did you gain information that will probably by helpful to you?

   3 = yes; 0 = no; 1 = no response

   Comments: help me improve my actions toward my children
   no comment (3)

5. Will you be able to apply this information in your day-to-day living?

   3 = yes; 0 = no; 1 = no response

6. Would you like any more information about the topic?

   1 = yes; 2 = no; 1 = no response

7. Which would you rather have:

(a) A formal meeting to gain information (professional speakers)	(0)
(b) An informal meeting to gain information (group discussion, small group activities)	(2)
(c) A meeting to gain information supplemented by handouts, films, videotapes)	(3)
(d) A meeting to have the opportunity to talk to other parents and partners	(0)

8. Suggestions for future meetings.

   Responses: no response (4)

TABLE 12

Evaluation Responses For Meeting Topic: "The Severely Physically Disabled Child and Their Occupational Therapy Needs"

(Number of Evaluation Forms Completed = 14; Missing = 0)

1. Was the topic of interest to you?

   14 = yes; 0 = no; 0 = no response

2. Was the topic well presented?

   14 = yes; 0 = no; 0 = no response

3. Was the information what you expected from the proposed topic?

   14 = yes; 0 = no; 0 = no response

4. Did you gain information that will probably be helpful to you?

   14 = yes; 0 = no; 0 = no response

   Comments: Really enjoyed the talk.
   Enjoyed the talk by the foster parent.

5. Will you be able to apply this information in your day-to-day living?

   7 = yes; 5 = no; 2 = no response

6. Would you like any more information about the topic?

   5 = yes; 7 = no; 2 = no response

7. Which would you rather have:

   (a) A formal meeting to gain information (professional speakers) . . . . . (3)
   (b) An informal meeting to gain information (group discussion and activities) . . . . . (7)
   (c) A meeting to gain information supplemented by handouts, films, videotapes . . . . . (8)
   (d) A meeting to have the opportunity to talk with other parents and partners . . . . . (5)

8. Suggestions for future meetings.

   Responses: none
   We enjoyed this meeting most of all.

TABLE 13

Evaluation Responses For Meeting Topic: "Qualifying and Applying For SSI"

Number of evaluation Forms Completed = 8; Missing = 4)

1. Was the topic of interest to you?

   8 = yes; 0 = no; 0 = no response

2. Was the topic well presented?

   8 = yes; 0 = no; 0 = no response

3. Was the information what you expected from the proposed topic?

   7 = yes; 0 = no; 1 = no response

4. Did you gain information that will probably be helpful to you?

   8 = yes; 0 = no; 0 = no response

   Comments: If I should apply for SSI, I would know how and where to go. The information was presented well and it interested me.

5. Will you be able to apply this information in your day-to-day living?

   6 = yes; 1 = no; 1 = no response

6. Would you like any more information about the topic?

   1 = yes; 4 = no; 3 = no response

7. Which would you rather have:

(a)	A formal meeting to gain information (professional speakers)	(3)
(b)	An informal meeting to gain information (group discussion and activities)	(2)
(c)	A meeting to gain information supplemented by handouts, films, videotapes	(4)
(d)	A meeting to have the opportunity to talk with other parents and partners	(2)

8. Suggestions for future meetings.

   Response: Spring activities

TABLE 14

Evaluation Responses For Meeting Topic: "Building Your Child's Self-Esteem"

(Number of Evaluation Forms Completed = 8; Missing = 0)

1. Was the topic of interest to you?

   8 = yes; 0 = no; 0 = no response

2. Was the topic well presented?

   8 = yes; 0 = no; 0 = no response

3. Was the information what you expected from the proposed topic?

   6 = yes; 0 = no; 2 = no response

4. Did you gain information that will probably be helpful to you?

   7 = yes; 0 = no; 1 = no response

   Comments: Give your child a lot of attention.
   Making sure my children have high esteem

5. Will you be able to apply this information in your day-to-day living?

   8 = yes; 0 = no; 0 = no response

6. Would you like more information about the topic?

   2 = yes; 4 = no; 2 = no response

7. Which would you rather have:

   (a) A formal meeting to gain information (professional speakers) . . . . . (1)
   (b) An informal meeting to gain information (group discussion and activities) . . . . . (4)
   (c) A meeting to gain information supplemented by handouts, films, videotapes . . . . . (2)
   (d) A meeting to have the opportunity to talk with other parents and partners . . . . . (0)

8. Suggestions for future meetings.

   Response: none

TABLE 15

Evaluation Responses For Meeting Topic: "Your Child's Emotional Needs"

(Number of Evaluation Forms Completed = 6; Missing = 0)

1. Was the topic of interest to you?

   6 = yes; 0 = no; 0 = no response

2. Was the topic well presented?

   6 = yes; 0 = no; 0 = no response

3. Was the information what you expected from the proposed topic?

   6 = yes; 0 = no; 0 = no response

4. Did you gain information that will probably be helpful to you?

   6 = yes; 0 = no; 0 = no response

   Comments: none

5. Will you be able to apply this information in your day-to-day living?

   6 = yes; 0 = no; 0 = no response

6. Would you like any more information about this topic?

   0 = yes; 6 = no; 0 = no response

7. Which would you rather have:

   (a) A formal meeting to gain information (professional speakers) . . . . . (1)
   (b) An informal meeting to gain information (group discussion and activities) . . . . . (4)
   (c) A meeting to gain information supplemented by handouts, films, videotapes . . . . . (1)
   (d) A meeting to have the opportunity to talk with other parents and partners . . . . . (0)

8. Suggestions for future meetings.

   Response: none

Table 9, the questionnaire was revised.

Parent and Volunteer Partner Evaluations

Parent Evaluation

It is well accepted that families experience many kinds of stress when raising handicapped children. Parents with very young and significantly handicapped children feel not only the stresses of new parenthood, but the challenges and problems associated with their children's conditions. For this group of parents, stress is thought to be acute, and it could be potentially debilitating to the family. The VIPP Model implemented intervention strategies that were aimed to enhance parents' social support networks, and thereby lessening feelings of stress.

The project staff adopted the broad definition of social support, to mean the emotional, psychological, physical, informational, or material assistance that is provided to others to either maintain well-being or prompt adaptations to different life events. Researchers have provided some evidence that support helps to buffer the effects of stressful events and life crises. Some researchers have found that parents with supportive social networks report enhanced well being, less stress and fewer demands on time as they care for their handicapped child.

The VIPP Project staff anticipated the volunteer partnership relationships would provide the means for parents to re-focus their existing social supports. Through the volunteer partnerships and participation in project activities, the parents would become better able to "buffer" their life stresses.

In order to identify and measure changes in the parents' social support networks, and their sources of stress, two questionnaires were administered on three occasions during the VIPP grant period. The parents were asked to complete the Family Support Scale, (FSS), by Dunst, Jenkins, and Trivett (1984). The FSS is a self-report questionnaire that identifies a parent's source of social support. With permission from the senior author, the VIPP staff administered a slightly modified version of the scale. (See Appendix E). The FSS was administered when the parents enrolled in the Project, in the fall of 1985, and the summer of 1986. Each item on the FSS was rated on a five point scale ranging from "not at all" (1); to "extremely helpful" (5). Table 16 presents the parents' mean scores for each item on the three administrations of the FSS. The changes in the initial and final mean scores are listed in the last column on the right.

The direction of change in the social support scores indicate the parents identified their spouses, and their relatives as highly important sources of social support. But, with continued involvement in the VIPP programs, parents reported receiving increasingly more social support from the project related experiences. For example, "other parents," "professional helpers," "volunteer partner," "social groups," and "the VIPP day care and home-based programs" showed the greatest amount of increases over time. In general, the parents perceived the VIPP Model, with volunteer partners, contact with other parents and professional, and their children's participation in early intervention programs as important new or enhanced sources of social support.

Table 16

Parents' Mean Scores on the Family Social Support Scale
Project Years 1984-1986
(N-16)

Item	Fall 1984	Fall 1985	Summer 1986	Change in Scores (1984-86)
1. My parents	3.50	3.75	3.27	-.23
2. Spouse's parents	3.67	2.94	2.64	-1.03
3. My relatives	2.71	3.07	3.60	+.89
4. Spouse's relatives	2.60	2.73	2.07	-.53
5. Spouse	3.80	4.12	3.86	+.06
6. My friends	3.24	2.75	2.93	-.31
7. Spouse's friends	2.75	2.41	2.21	-.54
8. My children	3.23	1.67	3.07	-.16
9. Other Parents of handicapped kids	2.00	2.47	2.53	+.53
10. Professional helpers	3.71	3.88	4.27	+.56
11. Child's doctor	3.31	3.82	3.62	+.31
12. Co-workers	3.06	2.50	1.87	-1.19
13. Parent groups VIPP Meeting	3.43	3.75	3.62	+.19
14. School/Day Care VIPP Day Care	3.14	4.58	3.73	+.59
15. Professional Agencies	3.41	2.92	2.36	-1.05
16. *VIPP Project Home Based	4.27	4.00	4.75	+.51
17. Social Groups	1.67	2.00	2.00	+.33
18. Church	3.19	3.89	3.21	+.02
19. VIPP Volunteer Partner	--	4.17	4.73	+.56

The VIPP staff was also interested in learning more about the stresses that parents feel and subsequently face when they have a special needs child. Permission was obtained to use Scale 3: Negative Feelings and Attitudes of the Questionnaire on Resources and Stress, (QRS), by Jean Holyrod. Although the QRS is still in experimental form, it is felt to have clinical usefulness in discriminating populations which differ in amount of stress and in types of stress (Draft Manual, 1982). The full Questionnaire on Resources and Stress consists of 285 items that are grouped into 15 scales. The scales fall into three broad categories: (a) personal problems related to the index case, (b) family problems related to the index case, and (c) limitations or problems of the handicapped or chronically ill family member.

The QRS response format of true and false was modified by VIPP staff to a four point scale of one--never, two--sometimes; three--often, and four--always. The QRS followed the same data collection schedule as the Family Support Scale. Tables 17, 18 and 19 presents the response frequencies for each item during the three administrations of the scale. It is difficult to interpret the data on a group level due to the limited number of participants (N=16), and to missing data for individual items. However, a visual inspection of these data suggest the VIPP parents report little stress related to their children's handicapping conditions. When their responses were recoded to a true-false classification and compared with the so-called "healthy" responses given in the QRS Draft Manual, the VIPP parents' responses on a number of items differed from the "healthy" responses. It is impossible to interpret

Table 17

Item Response Frequencies
The Parent Feelings and Attitude Scale
Project Year: Fall 1984
(N-16)

Item	Frequencies			
	Never	Sometimes	Often	Always
1. Even if people don't look at ____, I'm always wondering what they might think.	6	10	0	0
2. ____ has some unusual habits which draw attention.	0	8	5	2
3. ____ is a very capable, well-functioning person despite his/her other problems.	1	3	7	5
4. If ____ were more pleasant to be with, it would be easier to care for him/her.	8	5	0	2
5. Much of the time, I think about ____ dying.	9	5	1	0
6. If I know when ____ would die, I wouldn't worry so much.	11	0	1	3
7. I am afraid that by limiting ____ activities, he/she will not develop on his/her own.	8	5	3	0
8. I am very careful about asking ____ to do things which might be too hard for him/her.	7	7	1	0
9. Sometimes I avoid taking ____ out in public.	14	2	0	0
10. It is easier for me to do something for ____ than to let him/her do it himself/herself and make a mess.	2	10	1	1
11. It bothers me that ____ will always be this way.	4	6	3	3
12. I feel tense whenever I take ____ out in public.	10	6	0	0

Table 17
(continued)

Item	Frequencies			
	Never	Sometimes	Often	Always
13. ____ is easy to live with.	0	3	3	10
14. Sometimes I feel very embarrassed because of _____.	15	1	0	0
15. I hate to see ____ try to do something and fail.	4	6	4	0
16. Caring for _____ gives one a feeling of worth.	1	0	2	12
17. I am disappointed that ____ does not lead a normal life.	3	6	4	3
18. I worry about what will be done with ____ when he/she gets older.	0	4	9	3
19. I don't mind when people look at ____.	7	7	0	1
20. I am not embarrassed when others question me about ____'s condition.	12	2	0	1
21. I have become more understanding in my relationships with people as a result of _____.	0	2	9	4
22. I enjoy church.	0	2	1	12
23. ____ will always be a problem to us.	14	2	0	0

Table 18

Item Response Frequencies
The Parent Feelings and Attitude Scale
Project Year: Fall 1985
(N-16)

	Frequencies			
	Never	Sometimes	Often	Always
1. Even if people don't look at _____, I'm always wondering what they might think.	3	12	1	0
2. _____ has some unusual habits which draw attention.	2	9	4	1
3. _____ is a very capable, well-functioning person despite his/her other problems.	7	5	1	0
4. If ____ were more pleasant to be with, it would be easier to care for him/her.	7	5	1	0
5. Much of the time, I think about ____ dying.	8	4	4	0
6. If I know when _____ would die, I wouldn't worry so much.	12	2	2	0
7. I am afraid that by limiting ____ activities, he/she will not develop on his/her own.	5	6	3	1
8. I am very careful about asking ____ to do things which might be too hard for him/her.	8	4	3	0
9. Sometimes I avoid taking _____ out in public.	16	0	0	0
10. It is easier for me to do something for ____ than to let him/her do it himself/herself and make a mess.	4	11	1	0
11. It bothers me that ____ will always be this way.	2	8	4	1
12. I feel tense whenever I take ____ out in public.	13	3	0	0

Table 18
(continued)

Item	Frequencies			
	Never	Sometimes	Often	Always
13. ____ is easy to live with.	0	2	4	10
14. Sometimes I feel very embarrassed because of _____.	16	0	0	0
15. I hate to see ____ try to do something and fail.	4	6	4	1
16. Caring for _____ gives one a feeling of worth.	1	2	2	11
17. I am disappointed that ____ does not lead a normal life.	2	9	2	2
18. I worry about what will be done with ____ when he/she gets older.	0	5	4	4
19. I don't mind when people look at ____.	8	6	1	1
20. I am not embarrassed when others question me about ____'s condition.	12	2	0	1
21. I have become more understanding in my relationships with people as a result of _____.	1	2	7	4
22. I enjoy church.	0	3	3	9
23. ____ will always be a problem to us.	16	0	0	0

Table 19

Item Response Frequencies
The Parent Feelings and Attitude Scale
Project Year: Summer 1986
(N=16)

	Frequencies			
	Never	Sometimes	Often	Always
1. Even if people don't look at _____, I'm always wondering what they might think.	3	11	1	0
2. _____ has some unusual habits which draw attention.	4	6	2	2
3. _____ is a very capable, well-functioning person despite his/her other problems.	2	2	7	3
4. If ____ were more pleasant to be with, it would be easier to care for him/her.	8	3	1	1
5. Much of the time, I think about ____ dying.	8	5	1	1
6. If I know when _____ would die, I wouldn't worry so much.	9	0	1	4
7. I am afraid that by limiting ____ activities, he/she will not develop on his/her own.	4	5	4	1
8. I am very careful about asking ____ to do things which might be too hard for him/her.	4	9	1	0
9. Sometimes I avoid taking _____ out in public.	14	0	0	0
10. It is easier for me to do something for ____ than to let him/her do it himself/herself and make a mess.	0	10	2	2
11. It bothers me that ____ will always be this way.	2	9	0	4
12. I feel tense whenever I take ____ out in public.	12	3	0	0

Table 19
(continued)

Item	Frequencies			
	Never	Sometimes	Often	Always
13. ____ is easy to live with.	0	3	1	11
14. Sometimes I feel very embarrassed because of _____.	13	1	0	0
15. I hate to see ____ try to do something and fail.	3	5	2	4
16. Caring for _____ gives one a feeling of worth.	0	2	1	10
17. I am disappointed that ____ does not lead a normal life.	2	7	2	3
18. I worry about what will be done with ____ when he/she gets older.	1	8	2	2
19. I don't mind when people look at ____.	6	5	1	1
20. I am not embarrassed when others question me about ____'s condition.	10	2	0	1
21. I have become more understanding in my relationships with people as a result of _____.	1	3	5	4
22. I enjoy church.	0	5	1	6
23. ____ will always be a problem to us.	10	2	0	1

this finding as several plausible explanations can be made. For example, there may be true differences in the two groups, or the differences may have occurred because one group inaccurately reported their responses thereby invalidating the response classifications. An informal observation of the VIPP parents' responses indicated that many parents consistently marked the response indicating their child presents no problems; thus, a "halo" effect may be present, or the parents were denying their real feelings. Some of the VIPP parents shared with staff that they did not like completing the QRS, as it made them uncomfortable. Stress as measured by the QRS did not appear to be a useful variable to better understand the VIPP parents' needs. The VIPP staff believes that parents' stress-related needs were more individualized, and they became known to the staff as they worked with each parent in planning their Parent/Partner goals, and involving them in the child's education program.

During the Project's operations, the parents were asked to respond to specific questions about the VIPP model and its impact. The Parent Exit Interview was conducted in the summer of 1986. Parents were asked to discuss: (a) the perceived benefits to them of different program and services of the VIPP model; and (b) did they feel a "ripple effect" benefit to other family members from their volunteer partner relationship? (See Appendix G for a copy of the Parent Exit Interview.)

Selected questions and responses from the Parent Exit Interview follows The data are reported for eleven parents.

What kind of help has your volunteer partner provided?

Assist in teaching my child - 10 responses
Provide respite care - 10 responses
Provide emotional support - 10 responses
Other ways: provided transportation for child and for parent
provided help in daily care giving (i.e., tube feeding, etc.)

What do you feel were the benefits from having a volunteer partner?

Somebody that's interested in your child's needs--someone can talk with and big help--a person that can babysit.

Gives me a breather--a partner can learn to work with a handicapped child.

Someone can help me. The biggest help in area of respite.

My volunteer partner could deal with child's problems better at times. She brought a new prospective to the situation.

My partner could provide care for child when I couldn't.

Chance to rest up and gives me respite.

My partner helps out when too busy with jobs or other children in family.

Someone helps with transportation, and someone you know it's okay to leave your child with.

Did your family benefit from the volunteer partner?

Volunteer partner was able to transport my child to other relatives for visits. (blind parent)

Volunteer partner shared his knowledge about child with other family members and they became more comfortable in caring for the child.

Because the volunteer partner was able to spend time with child, parent had more time for husband and other children.

Volunteer partner taught other family members (extended) to use signing with child.

What was the reason for selecting your volunteer partner?

He's interested in my child and the most available to spend time.

Most available and can provide transportation-(blind parent).

She's good with kids.

She said she wanted to be a partner.

My oldest daughter always helps me.

She's around the most and knows child's needs best.

She's close to my baby emotionally, and she is very supportive of my needs.

Convenient. We live in the same house.

She knew child since birth, and I didn't have to explain his condition. She knows what to do.

She knows how to handle child and she cared a lot about him.

To obtain an idea of the parents' perceptions of a volunteer partner, they were asked to give a definition of a volunteer partner. Their definitions follows:

Someone assists the child along with teachers in day-to-day routines.

Person can talk to and understands things you need and the problems of the child--a person you can trust.

Person gives their time to help a parent with a special child.

Someone like my Mom to help care for Quil and to participate in the VIPP Project.

Someone to share your load with you--that is, your disappointments, the good times and bad times.

Someone to help me care for the kids.

Someone can be around when I can't be.

Person who gives support and help find other means of assistance and provides respite.

Someone to help me and someone I can talk to.

Persons is like a second parent to your child--can keep your child and gives me time to breathe and to rest mentally.

Someone who works along with parents to help in any way can with child's needs.

Inquiry was made regarding the parents' perceptions of the Parent/Partner Plan record. The parents did not report a problem with the process for development and implementation. However, the interviewer thought several parents were confusing the Plan with their child's IEP, even after being given a detailed explanation. Some parents commented their Plans helped to focus on goals, and one parent liked the Plans because they provided a way of knowing where you are with your child. However, another parent thought the Plans were unnecessary. She did not like the paperwork and felt the process was too structured.

Volunteer Partner Evaluation of the VIPP Model

Descriptive information about the volunteer partners who completed the Exit Interview (N-7) showed their ages ranged from 19 to 57 years, with an average age of 34. The relationships of the partners to the VIPP mothers were:: 2 mothers, 1 mother-in-law, 2 oldest daughters, 1 sister, and 1 brother. Five partners said they worked full time, and two partners said they were housewives who cared for their handicapped grandsons while the parents worked. The educational backgrounds of the partners ranged from fourth grade through completion of a technical college course.

The partners reported participating in the following VIPP Project activities: 4 attended group meetings, 7 read the newsletter, 2 volunteered in the day care, 6 participated in fund raising, 4 used the toy lending library, and 4 participated in the respite program.

Responses from selected questions on the Volunteer Partner Exit Interview Schedule (see Appendix H) follow.

How do you think the parent benefitted from you being their partner?

She knows that she has someone to help her--someone that understands because they have been through the "sessions."

The relationhip with my sister has grown closer now that I know more about Marvin. She talks to me more about him now.

By helping in care-giving tasks (babysitting and tube feeding).

Parents couldn't make it without my help with their working schedules.

How would you define a volunteer partner?

A partner is someone who is there for the parent to help with the child.

A partner gives time for handicapped children and does whatever needs to be done so child can progress.

A volunteer partner helps out with the care of the child.

A volunteer partner is someone who cares and wants to be involved with the child's program.

A volunteer partner is there to help kids.

A volunteer partner helps in any way they can.

In what ways was the VIPP staff helpful to you as a volunteer partner?

VIPP showed me how to better understand the handicapped child and how to show love, kindness, and understanding for the parents a well as the child.

VIPP helped me personally when I needed it. I was going through a difficult time and the staff was kind and helpful.

The monthly meetings were very helpful.

VIPP was a great help for their encouragement. It's great to know that other people care and love Daniel.

VIPP showed me how to do things for Quil and to do therapy exercises at home.

The volunteer partners were asked about the Parent/Partner Plans: inquiry as to the Plans' usefulness, if goals were worked on, and who suggested working on a goal (parent or partner). For some of the partners, their comments clearly indicated an understanding and a positive attitude towards the Plans. However, other partners were vague in their comments about the Plan and the process; thus it was questionable that they actively followed through on using the Plan.

For some parents and their partners, the volunteer partner model seemed to be a viable intervention program. However, for other parents the model did not seem to be appropriate to their needs. These few parents and their partners participated in Project activities on a minimum level. Their concerns seemed to be receiving early intervention services for the children. However, in the situations where the model appeared to be affective, the parents reported their partners helped in providing emotional support and assisting in the caring of their child. A question that must be asked is: Would these volunteer partners be involved without the VIPP Project? This was answered, in part, by several parents and partners. They all shared the same belief that the partners would have been involved, but the level of their partner's involvement would not have been as intense nor as focused. The VIPP model seemed to be a way of strengthening existing support networks to the benefits of the family and the handicapped child.

Dissemination Evaluation

Product Evaluation

A major dissemination activity involved the development and distribution of a volunteer handbook and a manual. A field edition of the Handbook was first to be drafted and evaluated both externally and internally. The Project staff completed the first edition of the Handbook in January, 1985, and evaluated it internally. However, the two products, A Handbook for Volunteers, and Volunteerism: A Manual For Implementation, were developed into their final forms during the Spring of 1986, and an external review was completed during the summer months.

Individuals were selected to participate in the review process based upon their probable involvement with volunteer or parent intervention programs, or their knowledge about the VIPP Project. Approximately 48 model demonstration project directors (identified from the current HCEEP Directory Abstracts), 20 VIPP Advisory Board Members, 25 participants at the Family Intervention Conference sponsored by the North Carolina Department of Human Resources, and several other selected individuals received copies of the two products, a Project brochure, and a reviewer's evaluation questionnaire with a return envelope. (Appendix I contins a copy of the field reviewer's questionnaire.)

The following summarized data are reported for 23 returned questionnaires. (Several other individuals made personal comments to the Project director regarding their favorable opinion of the Handbook and Manual, but they did not return a questionnaire.) Of the 23 respondents, seven individuals listed Project or Program

Coordinator as their work title, and six individuals indicated that they were Directors. Table 20 provides the working classifications for the respondents.

Other background information about the reviewers included that 9 reviewers reported having personal experience as a volunteer, and 12 individuals reported experience as a supervisor of volunteers.

Table 21 presents the frequency of responses for the respondents' ratings on format, readability, clarity of expression, interest and usefulness for both the Handbook and the Manual.

The results from the field review evaluation clearly suggests the respondents were favorably impressed with both the Handbook and the Manual, as evidenced by their high ratings and positive comments. As previously indicated, many additional comments were written. (Only four of the twenty-three questionnaires did not have comments.) These statements were overwhelmingly positive, and some included specific suggestions for improvement. A sampling of the comments follows.

Handbook Comments:

> Helpful ideas for planning parent involvement and community volunteer programs.
>
> Practical! Useful information, could be adapted to many programs.
>
> Ideal size and excellent content.
>
> I thought the Handbook was well thought out and easy to read. It gives the volunteer orientation and direction in a non-threatening manner.
>
> I feel the appearance could be enhanced by using more graphic illustrations or photographs.
>
> Great job!

TABLE 20

Work Positions of Field Reviewers

(N = 23)

Work Classifications of Respondents	Number
1. Project or Program Coordinator	7
2. Project Director	6
3. Developmental Evaluation Clinic Director	2
4. Project Manager	2
5. Day Care Volunteer	1
6. Social Worker	1
7. State Department of Public Instruction -- Early Childhood Coordinator	1
8. State Director of Volunteer Services -- Department of Human Services	1
9. Supervisor	1
10. Technical Assistant Coordinator (TADS)	1

TABLE 21

Respondents' Frequency Ratings for the Volunteer Handbook and Implementation Manual

(N = 23)

Product/Dimension Rated	Response Frequency			
	Good	Fair	Needs Improving	No Response
Volunteer Handbook				
1. Format	20	3		
2. Readability	22	1		
3. Ideas and Concepts Clearly Expressed	21	2		
4. Interesting	19	4		
5. Usefulness to me	12	8		3
Implementation Manual				
1. Format	21	2		
2. Readability	23			
3. Ideas and Concepts Clearly Expressed	22	1		
4. Interesting	19	4		
5. Usefulness to me	16	5		2

Manual Comments:

> Very interesting concept! I would like to see examples of the P/P Plan--what things are addressed specifically.
>
> Good job descriptions!
>
> I like the concept. I think it'll be very useful to some of our agencies like ARC and UCP.
>
> You've done an excellent job--thorough yet concise. Basing your recommendations on your experiences is a real plus.
>
> Would like to see more specifics about training for volunteers.
>
> Both books are very readable and informative.

Several reviewers indicated that they would be sharing the VIPP Handbook and Manual with their colleagues, thus providing further dissemination of the Project model. Both the Handbook and Manual were accepted for publication in the ERIC database and abstract journal (RIE). (Copies of the Handbook, Manual, and brochure are being submitted along with this report.)

The grant proposal also lists other products such as a program brochure, VIPP newsletters, and news articles as products addressing the Project's dissemination goal. In March 1985, a brochure was ready for distribution. Since that time, approximately 800 brochures were widely distributed. National, state, and local organizations and individuals received copies of the VIPP brochure. The brochure was designed to be informative about the Project, as well as to be used in the recruitment of volunteers for the day care center and to be used in child-find activities.

An article describing the VIPP model has been accepted for future publication in The Rural Special Education Quarterly.

VIPP Newsletter Evaluation

In May, 1984, the Project staff started writing and distributing a monthly newsletter for VIPP parents, volunteer, and "friends of the Project" (i.e., individuals in the community, local, and state offices). The objectives of the VIPP Newsletter were to provide: (a) current information about the Project's programs and services; (b) specific information about the special needs of young handicapped children and available resources; (c) encouragement to parents and volunteer to actively participate in Project activities; and (d) recognition to various individuals and groups for their support of the Project. The format of the Newsletter was purposefully kept brief in length and easy to read, without professional and technical jargon.

The writing of the Newsletters was initially the primary responsibility of the Parent and Volunteer Coordinator; however, this was changed to a total staff activity with the writing assignments determined at staff meetings. Parents were encouraged to submit items, and on several occasions parents shared favorite poems and announced the sale of no longer needed adaptive equipment. The Newsletter always had a current Calendar of Events for the month to keep readers informed of Project activities and the scheduled times for consultants.

Approximately 75 Newsletters were distributed each month. The mailing list changed slightly, as new individuals were added or some persons were dropped from the previous mailing.

During January, 1985, and September, 1985, evaluation questionnaires were mailed to the VIPP Newsletter's current mailing lists. The purposes for the evaluations were to measure the readers' satisfaction with the Newsletters, and to obtain their suggestions for improvement. Appendix J contains the summary reports from the two evaluations. During the Project Final Exit Interviews, volunteer partners and parents were asked about the Newsletters. All the partners and parents indicated that they regularly read the VIPP Newsletters, and they thought the information was very useful.

Findings and Recommendations

The major findings and recommendations from the evaluation of the Volunteers In Partnership With Parents Model are:

1. Parents who have young significantly handicapped children perceive volunteer partner to be very helpful to them. Volunteer partners assist in daily caring of the children, working on children's learning goals, providing respite care, and emotional support to parents.
2. Volunteer partners are deeply caring individuals, and they are committed to helping special children and their parents. Most volunteer partners would have been involved with their families without the VIPP intervention. However, VIPP participation helped to focus their relationships to benefit the parents and the special child.
3. Parents are the best persons to recruit volunteer partners from their existing social support systems.
4. Parents chose their partners for various reasons. These reasons include: an existing special relationship with the individual, person is the most available to spend time with the child; and person can provide needed

transportation for the parent and the child.

5. Parents' personal needs and motivational levels vary. Family intervention programs should be flexible, and they should offer a variety of programs and services to better respond to parents' needs.
6. Most parents with significantly handicapped children need on-going respite care services. Many volunteer partners are able and willing to provide this relief. Parents are less anxious about leaving the care of their special child to someone like their partners whom they know have personal concern and needed skills to care for their child.
7. In some instances, volunteer partners shared information and skills about the child with other family members, thereby increasing the potential effects of the early intervention program.
8. The Parent/Partner Plan development provides a formalized procedure for documenting family needs and recording goal accomplishment. Most of the participants viewed their Plans as helpful as they enabled them to focus work on specific goals and to record their progress. However, some of the participants expressed the opinion that the Plans were too structured. And, a couple of the parents confused their Parent/Partner Plans with the children's Individualized Education Program documents. The latter may have been due, in part, to the similarity of the formats. It is the opinion of project staff that the formality and structure associated with the Parent/Partner

Plans may have been somewhat unacceptable to a few participants because of their preferred communication styles which are generally informal and rely on the spoken word.

9. The VIPP staff implemented various programs and services--intervention strategies--both of which were formally and informally offered to parents. However, several families participated in the volunteer partner program on a very minimal level. Their primary concern was for the special child to receive early intervention services. Despite efforts by the staff over a two year period to involve these families, their response was continued uninvolvement. It is recognized that some parents with handicapped children may not wish to participate in family intervention programs. Program planners and developers are cautioned regarding this possibility.

10. Volunteer partners' level of involvement varied, but they showed a continuing support to their families and children throughout the Project's implementation. Some volunteers actively participated in all project activities, however other volunteers preferred to work individually with their VIPP families. The literature on "volunteerism" typically mentions issues of volunteer commitment and motivation. These were not concerns of Project staff. Undoubtedly, this was because of the volunteer partners' close pre-existing relationships with the families.

11. In general, the children's standardized test scores showed the largest gains in the areas of self-help skills and motor development. This may be due, in part, to parents and partners generally choosing to work on these skills in the home, along with an emphasis on these skill domains by their intervention staff.
12. An important and continuing need of parents with significantly handicapped children is for quality respite care. In communities were respite programs are nonexistent, professional service providers could train volunteer partners to assist families with their needs for respite care.
13. Although the VIPP model was associated with an early children's intervention program, the project staff feels that the model is potentially adaptable across special education programs, and by sponsorship of various human service agencies. Exploration into the feasibility of transporting the parent and volunteer partner model may be desirable in view of the recent attention by federal officials requiring family service plans for students enrolled in special education programs.
14. Stress that accompanies the parenting of significantly handicapped child is anticipated. However, parents may need time and guidance in learning to accurately identify their feelings of stress, before they can develop productive coping strategies.

APPENDIX A

Fund Raising Publicity

**Volunteers In Partnership With
Parents Program (VIPP)**
210 West Liberty Street
Williamston, North Carolina 27892
(919) 792-6989

Department of Pediatrics Developmental Evaluation Clinic School of Medicine East Carolina University

Dear Friend,

Our children attend a preschool for handicapped children. Our Center is known as VIPP, Volunteers In Partnership With Parents. We had a grant to begin our program, but it was only for 3 years. Our time is soon to run out. Plans are for the possible sponsorship of the VIPP Day Care Program by the Tideland Mental Health Agency, if we can demonstrate a sound financial base. But, unfortunately, we are still short some funds. Therefore, we the parents and our volunteers are planning a fund-raising auction on Saturday, May 31, 1986. This is going to have to be a total community effort to be a success, and success is what we must have!

Our children who vary in many handicaps from mental retardation to cerebral palsy to blindness, need the VIPP Program. It has been a success in that Neil, who is mentally delayed and does not talk, now can use sign language to express his needs. Tony, who has cerebral palsy, is doing things like a simple smile to show he recognizes a familiar face and using muscles that doctors and therapists claimed he would never use. Amanda, who is blind, has learned to trail a wall to find her direction, to feed herself with a spoon, and come out of a shell and be part of a learning group. Without the VIPP Preschool Program where would these children be?

Martin County is very fortunate to have VIPP as a preschool handicap program, and it would be a shame to close this facility when, we together as a community, can help to keep it going. We urge that you take our plea to your friends, pastors, church groups, and community groups to help us meet our goal.

Our plan is to auction off new or used items donated by the various merchants and groups from our area and adjacent areas. We also are planning on serving hot foods along with a rummage sale, a craft exhibit, and home baked goodies. If you or anyone you know would like to donate something special they have baked, made, or just don't need any longer that we could sell, or a cash donation, please get in touch with one of the people listed below.

The VIPP Program is a nonprofit organization and therefore any donation is tax deductible. Your help is needed and would be more than appreciated. Please contact us!

THE VIPP

Parents, Staff, Volunteers, and Students!

Contact:

Mrs. Deddie Bowen
Chairperson, VIPP Fundraising
795-4640

Mrs. Geraldine Little
Treasurer, VIPP Fundraising
795-3124

Dr. Lynda Nelson
Director, VIPP
792-6989

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Office of Special Education

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APPENDIX B

Brigance Testing Results

CHILDREN'S EVALUATION DATA: BRIGANCE INVENTORY OF EARLY DEVELOPMENT

's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Total Months Gain
	7/10/79	10 mos.		October 1984		June 1985						
			Pre-Ambulatory	Not Tested		Not Tested						
			Gross Motor		3 yrs. 2 mos.		3 yrs. 3 mos.					1 mo.
			Fine Motor		2 yrs. 1 mo.		2 yrs. 8 mos.					7 mos.
			Self Help		2 yrs. 4 mos.		3 yrs. 1 mos.					9 mos.
			Pre Speech		8 mos.		9 mos.					1 mo
			Speech & Language		1 yr. 6 mos.		1 yr. 7 mos.					1 mo.
			Gen. Knowledge & Comprehension		2 yrs. 1 mo.		2 yrs. 2 mos.					1 mo.
			Readiness	Not Tested			1 yr. 11 mos.					
			Math	Not Tested		Not Tested						

CHILDREN'S EVALUATION DATA: BRIGANCE INVENTORY OF EARLY DEVELOPMENT

d's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Total Month Gain
	11/18/81	1 yr. 9 mos.		October 1984		March 1985		December 1985		May 1986		
			Pre-Ambulatory		Not Tested		Not Tested		Not Tested		Not Tested	
			Gross Motor		1 yr. 6 mos.		1 yr. 9 mos.		2 yrs. 4 mos.		2 yrs. 5 mos.	11 mo
			Fine Motor		Not Tested		1 yr. 4 mos.		2 yrs. 8 mos.		2 yrs. 9 mos.	17 mo
			Self Help		1 yr. 2 mos.		1 yr. 3 mos.		2 yrs. 2 mos.		2 yrs. 3 mos.	13 mo
			Pre Speech		3 mos.		3 mos.		8 mos.		8 mos.	5 mo
			Speech & Language		Not Tested		6 mos.		1 yr. 0 mos.		1 yr. 0 mos.	6 mo
			Gen. Knowledge & Comprehension		Not Tested		Not Tested		Not Tested		Not Tested	
			Readiness		Not Tested		Not Tested		1 yr. 10 mos.		1 yr. 10 mos.	0
			Math		Not Tested		Not Tested		Not Tested		Not Tested	

CHILDREN'S EVALUATION DATA: BRIGANCE INVENTORY OF EARLY DEVELOPMENT

ld's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Date Tested Dev. Age	Date Tested Dev. Age	Date Tested Dev. Age	Date Tested Dev. Age	Total Months Gain
aika	11/15/84	1 yr. 2 mos.		May 1985	November 1985	April 1986		
			Pre-Ambulatory	3 mos.	6 mos.	7 mos.		4 mo.
			Gross Motor	Not Tested	Not Tested	Not Tested		
			Fine Motor	Not Tested	7 mos.	8 mos.		1 mo
			Self Help	1 mo.	8 mos.	9 mos.		8 mo:
			Pre Speech	4 mos.	8 mos.	11 mos.		7 mo:
			Speech & Language Skills	Not Tested	Not Tested	Not Tested		
			Gen. Knowledge & Comprehension	Not Tested	Not Tested	Not Tested		
			Readiness	Not Tested	Not Tested	Not Tested		
			Math	Not Tested	Not Tested	Not Tested		

CHILDREN'S EVALUATION DATA: BRIGANCE INVENTORY OF EARLY DEVELOPMENT

ld's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Date Tested Dev. Age	Date Tested Dev. Age	Date Tested Dev. Age	Date Tested Dev. Age	Tota Mont Gain
fany	1/8/81	1 yr. 9 mos.		October 1984	June 1985	November 1985	April 1986	
			Pre-Ambulatory	Not Tested	Not Tested	Not Tested	Not Tested	
			Gross Motor	3 yrs. 0 mos.	3 yrs. 5 mos.	3 yrs. 7 mos.	4 yrs. 0 mos.	12 m
			Fine Motor	2 yrs. 6 mos.	3 yrs. 0 mos.	3 yrs. 1 mo.	3 yrs. 4 mos.	12 m
			Self Help	2 yrs. 2 mos.	3 yrs. 2 mos.	4 yrs. 2 mos.	4 yrs. 2 mos.	24 m
			Pre Speech	11 mos.	1 yr. 1 mo. (Mastered all items)	Not Tested (Mastered)	Not Tested (Mastered all items)	Maste all i 1 yr.
			Speech & Language	1 yr. 3 mos.	1 yr. 6 mos.	2 yrs. 0 mo.	2 yrs. 5 mos.	14 m
			Gen. Knowledge & Comprehension	1 yr. 8 mos.	2 yrs. 0 mos.	2 yrs. 7 mos.	3 yrs. 9 mos.	25 m
			Readiness	Not Tested	2 yrs. 0 mos.	2 yrs. 0 mos.	2 yrs. 2 mos.	2 m
			Math	Not Tested	Not Tested	Not Tested	Not Tested	

CHILDREN'S EVALUATION DATA: BRIGANCE INVENTORY OF EARLY DEVELOPMENT

ild's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Total Montl Gain
	1/19/80	10 mos.		October 1984		March 1985						
			Pre-Ambulatory	Not Tested		Not Tested						
			Gross Motor	4 yrs. 5 mos.		3 yrs. 7 mos.						10 mo
			Fine Motor	3 yrs. 1 mo.		3 yrs. 0 mos.						-1 mo
			Self Help	3 yrs. 3 mos.		3 yrs. 8 mos.						5 mo
			Pre Speech	1 yr. 1 mo. (Mastered all items)		Not Tested (Mastered)						Maste
			Speech & Language	2 yrs. 5 mos.		3 yrs. 0 mos.						7
			Gen. Knowledge & Comprehension	2 yrs. 5 mos.		3 yrs. 7 mos.						14 mo
			Readiness	Not Tested		2 yrs. 0 mos.						
			Math	Not Tested		Not Tested						Not Teste

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CHILDREN'S EVALUATION DATA: BRIGANCE INVENTORY OF EARLY DEVELOPMENT

ld's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Total Month Gain
a	5/29/82	8 mos.		January 1986		June 1986						
			Pre-Ambulatory	Not Tested		Not Tested						
			Gross Motor	2 yrs. 5 mos.		3 yrs. 1 mo.						8 mo
			Fine Motor	2 yrs. 4 mos.		2 yrs. 8 mos.						4 mo
			Self Help	2 yrs. 6 mos.		3 yrs. 0 mos.						6 mo
			Pre Speech	Not Tested		Not Tested						
			Speech & Language	2 yrs. 0 mos.		2 yrs. 4 mos.						4 mo
			Gen. Knowledge & Comprehension	1 yr. 11 mos.		2 yrs. 7 mos.						10 mo
			Readiness	2 yrs. 0 mos.		2 yrs. 2 mos.						2 mo
			Math	2 yrs. 0 mos.		Not Tested						

CHILDREN'S EVALUATION DATA: BRIGANCE INVENTORY OF EARLY DEVELOPMENT

ild's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Tota Mont Gain
y C.	7/2/84	1 yr. 3 mos.		May 1985		December 1985		June 1986				
			Pre-Ambulatory	2 mos.		5 mos.		5 mos.				3 mo
			Gross Motor	Not Tested		Not Tested		Not Tested				
			Fine Motor	Not Tested		Not Tested		Not Tested				
			Self Help	1 mo.		3 mos.		3 mos.				2 mos
			Pre Speech	3 mos.		5 mos.		5 mos.				2 mos
			Speech & Language	Not Tested		Not Tested		Not Tested				
			Gen. Knowledge & Comprehension	Not Tested		Not Tested		Not Tested				
			Readiness	Not Tested		Not Tested		Not Tested				
			Math	Not Tested		Not Tested		Not Tested				

CHILDREN'S EVALUATION DATA: BRIGANCE INVENTORY OF EARLY DEVELOPMENT

ld's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Tota Mont Gain
vin	8/19/82	1 yr. 9 mos.		November 1984		June 1985		January 1986				
			Pre-Ambulatory	1 mo.		2 mos.		2 mos.				1 mo
			Gross Motor	Not Tested		Not Tested		Not Tested				
			Fine Motor	Not Tested		Not Tested		Not Tested				
			Self Help	Not Tested		3 mos.		4 mos.				1 mo.
			Pre Speech	Not Tested		2 mos.		3 mos.				1 mo.
			Speech & Language	Not Tested		Not Tested		Not Tested				
			Gen. Knowledge & Comprehension	Not Tested		Not Tested		Not Tested				
			Readiness	Not Tested		Not Tested		Not Tested				
			Math	Not Tested		Not Tested		Not Tested				

CHILDREN'S EVALUATION DATA: BRIGANCE INVENTORY OF EARLY DEVELOPMENT

d' ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Total Month Gain
ael	1/6/83	1 yr. 6 mos.		February 1985		October 1985		June 1986				
			Pre-Ambulatory		1 yr. 0 mos.		1 yr. 3 mos.		Mastered at 1 yr. 3 mos.			3 mos
			Gross Motor		1 yr. 2 mos.		1 yr. 7 mos.		1 yr. 7 mos.			5 mos
			Fine Motor		7 mos.		1 yr. 7 mos.		1 yr. 9 mos.			4 mos
			Self Help		1 yr. 1 mo.		1 yr. 9 mos.		2 yrs. 1 mo.			12 mos
			Pre Speech		10 mos.		1 yr. 3 mos.		Mastered at 1 yr. 3 mos.			5 mos
			Speech & Language		1 yr. 0 mos.		1 yr. 2 mos.		1 yr. 4 mos.			4 mos
			Gen. Knowledge & Comprehension		Not Tested		1 yr. 6 mos.		1 yr. 10 mos.			4 mc
			Readiness		Not Tested		1 yr. 8 mos.		1 yr. 8 mos.			0
			Math		Not Tested		Not Tested		Not Tested			

CHILDREN'S EVALUATION DATA: BRIGANCE INVENTORY OF EARLY DEVELOPMENT

ld's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Total Month Gain
rick	11/17/81	9 mos.		December 1985		May 1986						
			Pre-Ambulatory		Not Tested		Not Tested					
			Gross Motor		3 yrs. 4 mos.		4 yrs. 0 mos.					8 mo
			Fine Motor		3 yrs. 2 mos.		3 yrs. 8 mos.					6 mo
			Self Help		3 yrs. 8 mos.		3 yrs. 9 mos.					1 mo
			Pre Speech		1 yr. 2 mos.		1 yr. 2 mos.					0 mo
			Speech & Language		2 yrs. 2 mos.		2 yrs. 4 mos.					2 mo
			Gen. Knowledge & Comprehension		4 yrs. 5 mos.							
			Readiness		2 yrs. 0 mos.		2 yrs. 0 mos.					2 m
			Math		Not Tested							

.CHILDREN'S EVALUATION DATA: BRIGANCE INVENTORY OF EARLY DEVELOPMENT

d's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Total Month Gain
el	6/27/83	1 yr. 6 mos		February 1985		October 1985		April 1986				
			Pre-Ambulatory	10 mos.		1 yr. 0 mos.		Mastered at 1 yr. 0 mos.				2 mos
			Gross Motor	1 yr. 6 mos.		1 yr. 8 mos.		1 yr. 8 mos.				2 mos
			Fine Motor	9 mos.		1 yr. 4 mos.		1 yr. 4 mos.				7 mos
			Self-Help	1 yr. 2 mos.		1 yr. 5 mos.		1 yr. 5 mos.				3 mos
			Pre Speech	10 mos.		11 mos.		11 mos.				1 mo.
			Speech & Language	1 yr. 0 mos.		1 yr. 4 mos.		1 yr. 4 mos.				4 mos
			Gen. Know-ledge & Comprehension	Not Tested		Not Tested		Not Tested				
			Readiness	Not Tested		Not Tested		Not Tested				
			Math	Not Tested		Not Tested		Not Tested				

CHILDREN'S EVALUATION DATA: BRIGANCE INVENTORY OF EARLY DEVELOPMENT

ild's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Tota Mont Gain
ed	9/4/79	6 mos.		November 1984		April 1985						
			Pre-Ambulatory	Not Tested		Not Tested						
			Gross Motor	2 yrs. 2 mos.		3 yrs. 2 mos.						12 mo
			Fine Motor	2 yrs. 3 mos.		3 yrs. 1 mo.						10 mo
			Self Help	2 yrs. 5 mos.		3 yrs. 1 mo.						8 mo
			Pre Speech	Not Tested		Not Tested						
			Speech & Language Skills	1 yr. 8 mos.		2 yrs. 2 mos.						6 mo
			Gen. Knowledge & Comprehension	3 yrs. 9 mos.		3 yrs. 9 mos.						0 mo
			Readiness	2 yrs. 0 mos.		2 yrs. 2 mos.						2 mo
			Math	2 yrs. 0 mos.		2 yrs. 2 mos.						2 mos

CHILDREN'S EVALUATION DATA: BRIGANCE INVENTORY OF EARLY DEVELOPMENT

ld's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Total Month Gain
quil	2/22/85	1 yr. 3 mos.		May 1985		November 1985		April 1986				
			Pre-Ambulatory		4 mos.		6 mos.		6 mos.			2 mo
			Gross Motor	Not Tested		Not Tested		Not Tested				
			Fine Motor		8 mos.		8 mos.		8 mos.			0 mo
			Self Help		10 mos.		11 mos.		1 yr. 2 mos.			4 mo
			Pre Speech		6 mos.		7 mos.		8 mos.			2 mo
			Speech & Langugage		10 mos.		10 mos.		10 mos.			0 mo
			Gen. Knowledge & Comprehension	Not Tested		Not Tested		Not Tested				
			Readiness	Not Tested		Not Tested		Not Tested				
			Math	Not Tested		Not Tested		Not Tested				

CHILDREN'S EVALUATION DATA: BRIGANCE INVENTORY OF EARLY DEVELOPMENT

d's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Total Months Gain
duall	1/22/81	6 mos.	/	November 1984								*Child was place in a resi- denti home with short notic staff did n have time re-ev uate.
			Pre-Ambulatory	3 mos.								
			Gross Motor	Not Tested								
			Fine Motor	7 mos.								
			Self Help	8 mos.								
			Pre-Speech	5 mos.								
			Speech & Language	Not Tested								
			Gen. Knowledge & Comprehension	Not Tested								
			Readiness	Not Tested								
			Math	Not Tested								

CHILDREN'S EVALUATION DATA: BRIGANCE INVENTORY OF EARLY DEVELOPMENT

ld's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Date Tested	Dev. Age	Tot Mon Gai
ny	9-25-81	3 mos.		March 1986								
			Pre-Ambulatory		Not Tested							
			Gross Motor		4 yrs. 3 mos.							
			Fine Motor		3 yrs. 5 mos.							
			Self Help		3 yrs. 8 mos.							
			Pre Speech		Not Tested							
			Speech & Language Skills		3 yrs. 5 mos.							
			Gen. Knowledge & Comprehension		5 yrs. 1 mos.							
			Readiness		2 yrs. 10 mos.							
			Math		Not Tested							

CHILDREN'S EVALUATION DATA: THE OREGON PROJECT FOR VISUALLY IMPAIRED AND BLIND PRESCHOOL CHILDREN

ld's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Age Level	Percent Passed	Age Level	Percent Passed	Age Level	Percent Passed	Age Level	Perce Passe
etrius	5/24/82	7 mos.		January 1986		June 1986					
			Cognitive	1 mo. 1 yr. 2 mos. 2 yrs. 3 mos.	100% 77% 9%	1 yr. 2 mos. 2 yrs.3 mos.	100% 45%				
			Language	1 mo. 1 yr. 2 mos. 2 yrs. 3 mos. 3 yrs. 4 mos.	100% 95% 73% 22%	1 yr. 2 mos. 2 yrs.3 mos. 3 yrs.4 mos.	95% 82% 26%				
			Self-Help	1 mo. 1 yr. 2 mos. 2 yrs. 3 mos. 3 yrs. 4 mos.	100% 100% 78% 53%	2 yrs.3 mos. 3 yrs.4 mos.	86% 60%				

NOTE: Scores are recorded for percent of items passed at tested age levels.

CHILDREN'S EVALUATION DATA: THE OREGON PROJECT FOR VISUALLY IMPAIRED AND BLIND PRESCHOOL CHILDREN (CONTINUED)

ld's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Age Level / Percent Passed	Age Level / Percent Passed	Age Level / Percent Passed	Age Level / Perce
etrius	5/24/82	7 mos.	Socialization	1 mo. / 100% 1 yr. 2 mos./89% 2 yrs. 3 mos./57% 3 yrs. 4 mos./31%	1 yr.2 mos./100% 2 yr.3 mos./71% 3 yr.4 mos./50% 4 yr.5 mos./13%		
			Fine Motor	1 mo. / 100% 1 yr. 2 mos./100% 2 yrs. 3 mos./33%	2 yrs.3 mos./42%		
			Gross Motor	1 mo. / 100% 1 yr. 2 mos./94% 2 yrs. 3 mos./92% 3 yrs. 4 mos./36%	1 yr. 2 mos./100% 2 yr. 3 mos./100% 3 yr. 4 mos./43%		

NOTE: Scores are recorded for percent of items passed at tested age levels.

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CHILDREN'S EVALUATION DATA: THE OREGON PROJECT FOR VISUALLY IMPAIRED AND BLIND PRESCHOOL CHILDREN

ild's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Age Level	Percent Passed	Age Level	Percent Passed	Age Level	Percent Passed	Age Level	Perc Pass
dy	5/11/81	1 yr. 5 mos.		February 1985		December 1985		May 1986			
			Cognition	1 mo. 1 yr. 2 mos. 2 yrs. 3 mos.	90% 15% 5%	1 mo. 1 yr. 2 mos. 2 yrs. 3 mos. 3 yrs. 4 mos.	100% 46% 14% 3%	1 yr. 2 mos. 2 yrs.3 mos. 3 yrs.4 mos.	62% 41% 6%		
			Language	1 mo. 1 yr. 2 mos. 2 yrs. 3 mos.	83% 55% 12%	1 mo. 1 yr. 2 mos. 2 yrs. 3 mos. 3 yrs. 4 mos.	94% 75% 33% 4%	1 yr. 2 mos. 2 yrs.3 mos. 3 yrs.4 mos.	95% 48% 4%		
			Self-Help	1 mo. 1 yr. 2 mos.	85% 41%	1 mo. 1 yr. 2 mos. 2 yrs. 3 mos. 3 yrs. 4 mos.	100% 76% 29% 13%	1 yr. 2 mos. 2 yrs.3 mos. 3 yrs.4 mos.	88% 64% 47%		

NOTE: Scores are recorded for percent of items passed at tested age levels.

CHILDREN'S EVALUATION DATA: THE OREGON PROJECT FOR VISUALLY IMPAIRED AND BLIND PRESCHOOL CHILDREN (CONTINUED)

ld's ID.	Birthdate	Total Mos. Enrolled	Skill Domain	Age Level	Percent Passed	Age Level	Percent Passed	Age Level	Percent Passed	Age Level	Perce Passe
dy	5/11/81	1 yr. 5 mos.	Socialization	1 mo. 1 yr. 2 mos. 2 yrs. 3 mos. 3 yrs. 4 mos.	70% 36% 29% 25%	1 mo. 1 yr. 2 mos. 2 yrs. 3 mos. 3 yrs. 4 mos. 4 yrs. 5 mos.	71% 78% 71% 50% 20%	less than 1 yr 1 yr. 2 mos. 2 yrs.3 mos. 3 yrs.4 mos. 4 yrs.5 mos.	91% 89% 100% 56% 33%		
			Fine Motor	1 mo.	65%	1 mo. 1 yr. 2 mos.	80% 18%	1 yr. 2 mos.	73%		
			Gross Motor	1 mo. 1 yr. 2 mos. 2 yrs. 3 mos. 3 yrs. 4 mos.	100% 94% 77% 38%	1 yr. 2 mos. 2 yrs. 3 mos. 3 yrs. 4 mos. 4 yrs. 5 mos.	94% 92% 63% 36%	2 yrs.3 mos. 3 yrs.4 mos. 4 yrs.5 mos.	90% 75% 50%		

NOTE: Scores are recorded for percent of items passed at tested age levels.

APPENDIX C

Respite Care Program Evaluation

THE VIPP RESPITE CARE PROJECT FINAL EVALUATION SUMMARY REPORT

BY

Lynda A. Nelson, Director
September 30, 1985

The final evaluation for the VIPP Respite Project consists of reporting the summarized data for the parents and the provider-sitters from the Post Test Questionnaires. In addition, the project coordinator's and director's responses to the data requested by the evaluation specialists with the Developmental Disabilities Council, the project's funding agent, are also being reported. The final section of the report contains the VIPP staff's impressions of the strengths and weaknesses of the companion-sitter model, and a brief discussion of possible options for continuation of a respite program in Martin County.

The companion-sitter respite model was employed by the VIPP staff, and its implementation has been described in previous evaluation reports. See Appendices A and B for the Pre-Evaluation Report and the Monitoring Feedback Evaluation Report. Appendix C contains a copy of the Sitter and the Parent Post-Test Questionnaires. The reader is reminded the driving forces of the VIPP Respite Project were to be a pilot program of short duration, but long enough to provide VIPP staff with feedback on parent receptivity to respite services; to give staff experience and knowledge in operating a respite program; and finally, but just as importantly, the desire to offer a quality respite program for parents enrolled in the VIPP Project.

Summary of Parent Post Questionnaire Responses

The data reported herein reflect the responses from six parents. All these parents had utilized respite services. The frequency of parent responses is recorded for the following items.

1. I feel that by my participation in the VIPP Respite Care Project that I was able to better respond and cope with the needs of my handicapped child.

   Responses: 4 strongly agree; 2 agree; 0 disagree; 0 strongly disagree

2. After my participation in the VIPP Respite Care Project, I feel that it is a worthwhile service for families like mine.

   Responses: 5 strongly agree; 1 agree; 0 disagree; 0 strongly disagree

3. Based upon my experiences with the VIPP Respite Care Project, I would participate in other similar respite projects.

   Responses: 4 strongly agree; 2 agree; 0 disagree; 0 strongly disagree

The next set of questions inquired about the amount of utilization of respite services by the parents. The parents responded that they had requested a total number of hours of services ranging from 49 hours to 152 hours. All the requests were for sitter services in the children's homes. The shortest continuous time period of requested services ranged from 4 hours to 18 hours. The longest continuous time period of requested services ranged from 9 hours to 120 hours.

The following set of items asked the parents to identify what they liked and disliked about the project, and to give suggestions for improvement. The parents unanimously indicated satisfaction with their participation in the respite project. There was no dissatisfaction expressed. Below are what three parents wrote about the VIPP Respite Project:

Parent A: "It gave me time to get away for awhile, being a handicapped parent its good to get away to rest mentally and physically. I loved the program."

Parent B: "It gave me time away from my child, and to know she was in good trained hands was a peace of mind in itself."

Parent C: "The program gave me a chance to get out and to take care of some things for me."

The only negative comment these parents had was that the Respite Project did not last long enough.

The number of times that parents requested respite services during the eight-week period ranged from 1 to 7 times. All the parents rated the quality of services as excellent, and they all will continue to use respite in the future. The following reasons were given for using respite services: shopping and errands (4); entertainment (3); medical appointment (2); emergencies (0); illness (0); and relief from the emotional stress of caring for a child with special needs (5).

The ages of the VIPP children that respite was provided are: less than 1 year (0); 1 to 2 years (3); 3 to 4 years (3); 4 to 5 years (1); and older than 5 (0).

Finally the parents were asked if respite services made a significant difference in their ability to care for their child at home. All the parents (except one) reported respite being of great significance to them. The remaining parent rated respite as being of considerable difference.

Summary of Provider-Sitter Post Questionnaire Responses

The following data were provided by six sitters. Although nine provider-sitters were originally identified and trained, only six sitters were contracted with during the respite program. In every instance, the parent's first choice of sitter was available to provide the requested service.

The sitters' responses for the questionnaire items follows.

1. I feel that I was adequately trained and instructed to provide respite care for handicapped preschool children.

   Responses: 3 strongly agree; 3 agree; 0 disagree; 0 strongly disagree

2. After my participation in the VIPP Respite Care Project, I feel that it is a worthwhile service for VIPP families.

   Responses: 2 strongly agree; 4 agree; 0 disagree; 0 strongly disagree

3. After my participation in the VIPP Respite Care Project, I feel qualified to provide respite training to other potential respite providers in the community.

   Responses: 2 strongly agree; 4 agree; 0 disagree; 0 strongly disagree

4. I feel that I would participate in other similar respite projects, based upon my experience with the VIPP Respite Project.

   Responses: 2 strongly agree; 4 agree; 0 disagree; 0 strongly disagree

The next set of questions inquired about the number of times, the longest and the shortest times that a sitter provided services. Also, information about where respite services were provided, and the number of different children served were solicited. The total number of hours of service provided by these sitters ranged from 6 hours to 152 hours. All of the hours were in the children's homes rather than the sitters' homes. The shortest time period for services ranged from 4 hours to 32 hours, and the longest time reported ranged from 8 hours to 120 hours. All the sitters provided respite services for the same children.

All the sitters indicated satisfaction with the overall quality of the respite program, (i.e., 3 persons were satisfied all the time, 1 individual was satisfied most of the time, and 2 persons were satisfied on the average).

Several of the sitters commented that they liked the respite project because they liked helping the family. Another sitter said she liked the opportunity to donate her time to a particular child. None of the sitters offered suggestions for improvement of the program.

Coordinator/Director Summary Evaluation

The inclusion of the following data was requested by the evaluation staff of the Developmental Disabilities Council.

1. How much do you pay your respite workers?

   Response: $3.75/hour

2. Do you pay for mileage accrued during a respite job?

   Response: No

3. How many respite workers do you have?

   Response: 9 trained

4. Indicate the number of respite workers with the following backgrounds:

   Response: 1 less than high school; 7 high school or GED; 1 some college; 0 B.S. or B.A. degree

5. - 7. Do you have any minimum qualifications for respite workers?

Response: Yes - The individuals who requested to participate in the respite project as sitters had previous knowledge about the families and/or handicapped child. These prospective sitters also were volunteer partners or volunteers in the developmental day care center. In addition, a three-hour workshop was required attendance for the respite sitters. The workshop covered information about respite in general and the VIPP Respite Model, first aid, mental retardation, and behavior management.

8. How do you determine which respite worker is sent to a particular respite job?

Response: The parents were allowed to specify their preferences of a sitter.

9. - 11. Do you evaluate your services?

Response: Yes - Both formative and summative evaluations were conducted. Questionnaires and telephone conferences were used as methods of data collection. The VIPP Respite Project evaluations were focused on the parents' and providers' perceived satisfaction with the service. These data will be useful to project staff in determining future program goals related to respite services.

12. Do you feel the respite workers that you employ are well qualified?

Response: Yes. As indicated previously the provider sitters were already familiar with the children and families through their participation in the VIPP Project.

13. Number of clients: Seven children received respite care.

a. by race: 6 black, 1 caucasian
b. by sex: 5 males, 2 females
c. by age: birth - 2 yrs. = 3; 3 - 5 yrs. = 4.

14. Type of primary disability.

a. Mental retardation (moderate to severe/profound).
b. Three children could be classified as multi-handicapped.

15. Number of families who requested respite services.

Response: Six families used respite during an eight-week period. One family had two children who qualified for the respite program.

16. Total number of incidents of care provided.

Response: 34

17. Type of respite care provided (number of incidents).

a. Short-term: 28
b. Overnight: 6

18. Total hours of respite care provided.

Response: 572 hrs. 45 min.

19. Average length of short-term respite care.

Response: mean = 8 hrs. (rounded to the whole hr.)

20. Average length of overnight respite care.

Response: Mean = 63 hrs. (rounded to the whole hr.)

21. Average length of respite care (short-term and overnight combined).

Response: mean = 17 hrs. (rounded to the whole hr.)

22. Average amount families pay (hourly).

Response: None

23. Income generated from charge for service.

Response: None

24. Number of care providers.

Response: 6

Final Comment

The VIPP Staff is very pleased with the Respite program that was made available through funds from the Developmental Disabilities Council of North Carolina. Despite initial slowness in implementation that was related to needed contracts and the misunderstanding of policies and procedures by some parents, the project was perceived to be worthwhile and fulfilling a need. The evaluation data reflect the participants' satisfaction.

From an administrative viewpoint, several areas were identified as areas that should be modified in future respite programs. These related to the budget. The budget did not adequately reflect all the support costs associated with operating the VIPP Model of Respite Care. The supply budget of ten dollars did not adequately cover our copying costs associated with training and evaluation activities and the required grant management paperwork to the Council. In addition the project coordinator who was in charge of scheduling respite lived in a nearby county. Long distance phone charges were incurred for her. These excess costs were absorbed from other sources.

The VIPP Staff is currently exploring the feasibility of offering a drop-off respite model during the school year. At this time, it is felt best to continue the program with a focus on the parents who are participating in the VIPP Project. However, other parents in the community with young handicapped children will be approached about their interest in participating in a respite program.

A brief summary presentation about the VIPP Respite Program was made at a recent Martin County Interagency Council meeting. The local ARC will be approached regarding their interest in learning about the Respite Project.

APPENDIX D

Parents Needs Assessment Report

VIPP Project Parent Training Evaluation
Interim Report: Project Year 1985-86 (Fall)

Introduction

Prior to the beginning of the second project year, the Parents' Strengths and Needs Assessment instrument was revised. It was previously reported that the needs assessment instrument was adapted from the Napa Infant Program, another preschool handicapped program. This particular instrument was selected by VIPP staff as it was compatible with project goals relating to parent education and training. However, the initial administration of the instrument during the 1984-1985 project year revealed the format was too complicated. In nearly every instance, the respondent parent required the assistance of VIPP staff to complete the form accurately.

The main revision of the instrument involved the restructuring of the responses. The parents previously were asked to rate the levels of importance; how much knowledge they have; how much skill they have; and how willing they were to participate in training on the subject. These four areas were recorded for each of the need statements. On the revised form, the parents were asked only to indicate the degree that they desired information on each of the need statements. Thus, instead of marking four times, it was necessary to respond only one time for each need statement. Appendix A contains the revised Parents' Strengths and Needs Assessment instrument.

Results

Table 1 shows the frequency of responses for the seventeen need statements. And, Table 2 reports the frequency of responses for the parents' preferred model of training.

TABLE 1

Frequency of Responses To Items On The Parents' Strengths and Needs Assessment
Project Year: 1985-86

Response Code: A = I would like a lot of information on this subject.
B = I would like some information on this subject.
C = It doesn't matter if I have information on this subject.
D = I am definitely not interested in information about this subject.
N/R = No response

Need Statements	Responses: N = 16				
	A	B	C	D	N/R
1. Taking part in a conference with your child's teacher and accomplishing what you need to do.	6	8	2	0	
2. Taking part in writing your child's Individualized Education Plan.	4	10	2	0	
3. Understanding the importance of getting your child involved with other children his or her age that do not have handicaps.	9	5	1	0	1
4. Helping your child feel good about himself or herself.	12	4	0	0	
5. Working with your child on activities that use small muscles and large muscles.	11	5	0	0	
6. Working with your child to help him or her talk and listen better.	14	2	0	0	
7. Working with your child to help him or her learn how to solve simple problems.	10	5	1	0	
8. Helping your child get along with family members and friends.	7	7	1	1	
9. Working with your child to help him or her learn living skills of eating, dressing, and toileting.	13	2	1	0	
10. Selecting appropriate toys for your child that help in his or her learning.	10	6	0	0	

TABLE 1 (CONTINUED)

Frequency of Responses To Items On The Parents' Strengths and Needs Assessment
Project Year: 1985-86

Need Statements	Responses: N = 16				
	A	B	C	D	N/R
11. Understanding how to manage your child's behavior.	8	7	0	1	
12. Working out family problems successfully which may occur from time to time.	4	8	2	1	1
13. Knowing about community agencies that can help your family when needed.	7	6	2	0	1
14. Understanding about why and how respite services are used.	5	9	2	0	
15. Knowing about available financial assistance programs (SSI, Medicaid, Crippled Children, etc.) for families with handicapped children.	8	4	4	0	
16. Understanding the educational laws that affect your handicapped child.	10	4	2	0	
17. Advocating for your child's rights from public and private agencies.	9	5	2	0	

TABLE 2

Parents' Preferred Training Model
Project Year: 1985-86

Training Model Preference	Frequency of Response
1. I would like to read about the information.	10
2. I would like to meet individually with VIPP staff to discuss the information.	7
3. I would like to meet occasionally with specialists such as the speech therapist, the physical and occupational therapists, and the psychologist to discuss the information.	8
4. I would like to meet regularly with other VIPP parents in a small group to discuss the information.	4
5. I would like to occasionally attend a workshop where the information is being presented by specialists.	5

The three most frequently cited need statements that VIPP parents expressed the greatest need for information were: (a) working with my child to help him or her talk and listen better, (88% parents responded in this manner); (b) working with my child to help him or her to learn daily living skills, feeding, dressing, and toileting, (82% parents responded in this manner); and (c) helping my child feel good about himself or herself, (75% parents responded in this manner).

There were three needs statements that parents responded "definitely not interested in information about this subject". These statements are: (a) helping my child get along with family members and friends; (b) understanding how to manage my child's behavior; and (c) working out family problems successfully which occur from time to time. For each of these statements, one parent marked the definitely not interested response.

Contrary to the expectations of the VIPP staff and to many professionals in the field of parent training, most of the VIPP parents (75%) did not prefer a peer-group setting for learning information. They would rather learn through a guided reading approach. Other indicated preferred models of training included the parents meeting individually with specialists such as the physical therapists, speech therapists, and the occupational therapists. Also, some of the parents, (44%) desired to meet individually with VIPP staff to learn the information. Only 25% of the parents indicated a preference for a parent group meeting.

Additional data were collected for parents to indicate their other informational needs. Six of the 17 respondents identified additional needs. These needs are: (a) information about equipment for my child; (b) information regarding future expectations of my child; (c) information about other parents' children; and (d) information on self-help skills.

Interpretation

The information from the Needs Assessment instrument is useful to project staff on two levels. First it provides a systematic method for the VIPP parent trainer to focus on the individualized educational needs of each parent. This can be accomplished through the project's established Parent/Volunteer Partner Plan procedures. Collectively the data from the parents allows project staff to identify the most salient informational needs of the parents. Although structured monthly group meetings do not appear to be the most popular training model, the staff plans to continue to offer these meetings. Not only parents, but oftentimes parents are joined by their friends, relatives, and other family members at these meetings. Thus, the meetings are serving more than parents, but other persons who potentially have regular contact with the handicapped child (refer to Evaluation Report on Parent Meetings Project Year 1984-1985).

Another informational vehicle that project staff uses to share information with parents is the VIPP monthly newsletter. Besides the calendar of events, report on activities, the staff includes a feature article that is usually related to the topic of the needs statements. Project consultants are frequent contributors to the VIPP newsletter.

The present data from the Parents' Strengths and Needs Assessment will allow staff to focus on individual informational needs of parents, and provide subjects/topics for future parent meetings. Other possible ways that staff can respond to the needs of VIPP parents would be to prepare directed reading lists for parents and to assist, if needed, in locating the desired reference materials. Staff should consider devoting more space in the newsletter that focuses on the most frequently identified needs statements. Finally, the data suggests that staff should specifically focus on the parents' individual informational needs. Logical times would be such as the IEP conferences, and home visits for the home-based enrolled families.

APPENDIX A

VIPP PROJECT

Parents' Strengths And Needs Assessment
(Adapted From The Napa Infant Program)

As a parent, you are your child's most important teacher. The VIPP Project is interested in helping you to better nderstand your child and help him or her learn. This questionnaire lists need statements that you would like further information. The VIPP Staff will be using your responses for determining the kinds of parent training programs to offer you.

PART I

irections:

For each of the 17 need statements, please check only one time on the right hand side the degree of information you need

Check Only One Time For Each Statement

Need Statement	I would like a lot of information on this subject	I would like some information on this subject	It doesn't matter if I have information on this subject	I am definitely not interested information abo this subject
Taking part in a conference with your child's teacher and accomplishing what you need to do.				
Taking part in writing your child's Individual Education Plan (I.E.P.).				
Understanding the importance of getting your child involved with other children his or her age that do not have handicaps.				

Check Only One Time For Each Statement

Need Statement	I would like a lot of information on this subject	I would like some information on this subject	It doesn't matter if I have information on this subject	I am definitel not interested information ab this subject
Helping your child feel good about himself or herself.				
Working with your child on activities that use small muscles and large muscles.				
Working with your child to help him or her talk and listen better.				
Working with your child to help him or her learn how to solve simple problems.				
Helping your child get along with family members and friends.				
Working with your child to help him or her learn living skills of eating, dressing, and toileting.				
Selecting appropriate toys for your child that help in his or her learning.				

Check Only One Time For Each Statement

Need Statement	I would like a lot of information on this subject	I would like some information on this subject	It doesn't matter if I have information on this subject	I am definitel not interested information ab this subject
1. Understanding how to manage your child's behavior.				
Working out family problems successfully which may occur from time to time.				
3. Knowing about community agencies that can help your family when needed.				
Understanding about why and how respite services are used.				
Knowing about available financial assistance programs (SSI, Medicaid, Crippled Children, etc.) for families with handicapped children.				
Understanding about the educational laws that affect your handicapped child.				
Advocating for your child's rights from public and private agencies.				

Need Statement	Check Only One Time For Each Statement			
	I would like a lot of information on this subject	I would like some information on this subject	It doesn't matter if I have information on this subject	I am definitel not interested information ab this subject
Please write other subjects that you want to learn about: __________ __________ __________ __________ __________				

PART II

Please check as many statements that describe how you would like information presented.

____ I like to read about the information.

____ I like to meet individually with VIPP Staff to discuss the information.

____ I like to meet occasionally with specialists such as the speech therapist, the physical and occupational therapists, and the psychologist to discuss the information.

____ I like to meet regularly with other VIPP parents in a small group to discuss the information.

____ I like to attend occasionally a workshop where the information is being presented by a specialist(s).

________________ Date

________________________ Signature

APPENDIX E

Family Social Support Scale

Code ______________ Relationship to Child ______________

FAMILY SUPPORT SCALE

Listed below are sources that often times are helpful to members of families raising a young child. This questionnaire asks you to indicate how helpful each source is to your family.

Please circle the response that best describes how helpful the sources have been to your family during the past 3 to 6 months. Cross out any sources of help that have not been available to your family during this period of time.

		Not at all Helpful	Sometimes Helpful	Generally Helpful	Very Helpful	Extreme Helpfu
I	1. My parents	0	1	2	3	4
K	2. My spouse's parents	0	1	2	3	4
K	3. My relatives/kin	0	1	2	3	4
K	4. My spouse's relatives/kin	0	1	2	3	4
I	5. Husband or wife	0	1	2	3	4
E	6. My friends	0	1	2	3	4
E	7. My spouse's friends	0	1	2	3	4
I	8. My own children	0	1	2	3	4
E	9. Other parents	0	1	2	3	4
E	10. Professional helpers (social workers, therapists, teachers, etc.)	0	1	2	3	4
E	11. My family or child's physician	0	1	2	3	4
E	12. Co-workers	0	1	2	3	4
E	13. Parent groups	0	1	2	3	4
E	14. School/day care center	0	1	2	3	4
E	15. Professional agencies (public health, social services, mental health etc.)	0	1	2	3	4
E	16. Volunteers In Partnership With Parents Program (VIPP)	0	1	2	3	4
E	17. Social groups/clubs	0	1	2	3	4
E	18. Church	0	1	2	3	4
	19. Other (specify)	0	1	2	3	4

	Not At All Helpful	Sometimes Helpful	Generally Helpful	Very Helpful	Extremel Helpful
K1. My parents	1	2	3	4	5
K2. My spouse's parents	1	2	3	4	5
K3. My relatives/kin	1	2	3	4	5
K4. My spouse's relatives/kin	1	2	3	4	5
K5. Husband or wife	1	2	3	4	5
K6. My friends	1	2	3	4	5
K7. My spouse's friends	1	2	3	4	5
K8. My own children	1	2	3	4	5
K9. Other parents of special needs children	1	2	3	4	5
K10. Professional helpers such as social workers, therapists, teachers, etc.	1	2	3	4	5
K11. My family or child's physician	1	2	3	4	5
K12. Co-workers if I'm employed	1	2	3	4	5
K13. VIPP monthly parent group meeting	1	2	3	4	5
K14. VIPP developmental day care program	1	2	3	4	5
K15. Professional agencies such as public health, social services, mental health, etc.	1	2	3	4	5
K16. VIPP home-based program	1	2	3	4	5
K17. Social groups/clubs that I attend	1	2	3	4	5
K18. My church	1	2	3	4	5
K19. My VIPP volunteer partner	1	2	3	4	5

APPENDIX F

Parent Feelings and Attitude Scale

Parent Feelings and Attitude Scale

(Adapted from Questionnaire on Response
and Stress: Scale 3, by Jean Holroyd)

Directions:

This questionnaire is about your feelings towards your special child. There are many blanks on the questionnaire. Imagine that your child's name is written on each of these blanks. It is important that you mark your honest feelings and opinions. THERE ARE NO RIGHT OR WRONG ANSWERS.

Be sure that you answer all the questions. Sometimes a statement refers to an older or younger child, or to a child that has problems your child does not have. Nevertheless, respond to all the statements. If you feel that a statement absolutely does not apply to you or your child, then mark, X in front of it. However on statements that apply to you, mark a X in the numbered box that best describes your feelings. For example, "I feel ashamed when I tell a stranger that I have a handicapped child." If you never feel ashamed, then put a X in the 1 box; but if you sometimes feel ashamed, mark the 2 box; or if you often feel ashamed, mark the 3 box; and mark the 4 box if you always feel ashamed about telling a stranger about your handicapped child. Please mark each statement like this. However should you have any questions about completing this form, call the VIPP Office (792-6989) and someone will help you.

Before you start, please write your name and date in the spaces below.

Name: ____
Last First Initial Date

Name ______________________
Last First Initial

Date ______________________

	Never 1	Sometimes 2	Often 3	Always 4
1. Even if people don't look at ______, I am always wondering what they might think.				
2. ______ has some unusual habits which draw attention.				
3. ______ is a very capable, well-functioning person despite his/her other problems.				
4. If ______ were more pleasant to be with, it would be easier to care for him/her.				
5. Much of the time I think about ______ dying.				
6. If I knew when ______ would die, I wouldn't worry so much.				
7. I am afraid that by limiting ______'s activities he/she will not develop on his/her own.				
8. I am very careful about asking ______ to do things which might be too hard for him/her.				
9. Sometimes I avoid taking ______ out in public.				
10. It is easier for me to do something for ______ than to let him/her do it himself/herself and make a mess.				
11. It bothers me that ______ will always be this way.				
12. I feel tense whenever I take ______ out in public.				
13. ______ is easy to live with.				

	Never 1	Sometimes 2	Often 3	Always 4
14. Sometimes I feel very embarrassed because of ____________.				
15. I hate to see ____________ try to do something and fail.				
16. Caring for ____________ gives one a feeling of worth.				
17. I am disappointed that ____________ does not lead a normal life.				
18. I worry about what will be done with ____________ when he/she gets older.				
19. I don't mind when people look at ____________.				
20. I am not embarrassed when others question me about ____________'s condition.				
21. I have become more understanding in my relationship with people as a result of ____________.				
22. I enjoy church.				
23. ____________ will always be a problem to us.				

APPENDIX G

Parent Exit Interview Schedule

NAME:____________________

Contact:____________________

____

Introductory Remarks

State reasons for the interview, and assure confidentiality of information.

Provide remarks pertaining to the theory supporting the volunteer partner concept. "Many parents with significantly handicapped children need social emotional support to enable them to better cope and to be able to meet the many needs of their handicapped child. Social emotional support means, being there, being a friend. Many parents sometimes need someone to assist in the demands of caregiving for their special child. And, a volunteer partner could be such a person that is available and trusted to share this responsibility. Finally, many times the professional who knows the child is the best person in assisting the parents, but in rural areas there is generally a lack of sufficient professional resources for parents with significantly handicapped children. But a volunteer partner with the support and guidance from professionals can be available to help parents with some of their needs."

Background Information About Parent

_______Occupation; ________Highest educational grade completed; _____Age; _______Spouse's age; ________Race; ______Number of handicapped children in the home; and Family composition:

________nuclear
________single parent
________multi-generational
________combined (Explain)

The Volunteer Partner Model

1. If someone asked you to describe what a volunteer partner is, how would you answer?

2. Why did you ask (name) ____________ to be your volunteer partner?

3. Did you ask your partner for help in any of the following areas:

______assist in teaching your child
______provide respite care
______emotional support
______other

4. In what ways were the VIPP staff helpful to you and to your partner?

5. Did you think the Parent/Partner Plan was helpful?
Explain:

6. Did you work on specific goals that you and the Volunteer Coordinator had identified?
Explain:

7. Were the goals in your Plan realistic?
Explain:

8. Were your responsibilities about the parent/volunteer partnership clearly defined and explained?
Explain:

9. Did you feel the procedures for developing and implementing the Parent/Partner Plan were appropriate:

_______assessment of needed support and information

_______interview with volunteer coordinator

_______defining your goals

_______discussing with your partner their role

_______follow-up monitoring of the Plan by the Volunteer Coordinator

_______annual revision of your Plan

10. What do you feel to be the benefits from having a volunteer partner?

11. Do you feel that your family benefitted from having a volunteer partner?
Explain:

12. What do you feel are the "problem areas" in the volunteer partner model"

13. What if your family moved from Martin County and you enrolled ___(child)___ in another early intervention preschool program like VIPP, would you ask about the availability of a volunteer partner program? ____________

If the new program did not have volunteer partners, would you suggest that a program be started? ____________
Explain:

14. In my beginning comments, I gave three reasons (social emotional support, skilled caregiving, and extending the professional's role) as the anticipated benefits of the volunteer partner model, do you agree?
Explain:

Parent Education Program

15. Do you feel your informational needs were adequately addressed by the VIPP staff?
Explain:

16. The VIPP staff provided various kinds of information for parents, what was useful to you, and why:

_____monthly group meetings
_____individual meetings with specialists
_______individual meetings with VIPP staff
_____monthly newsletters
_____other(specify)____________________

17. The VIPP staff also provided parents an opportunity to use a toy lending library, and to participate in a respite program. Did you find these programs helpful?
Explain:

Children's Programs

17. In what ways has your child benefitted from being enrolled in a early intervention program?

18. Do you feel that the VIPP staff listened to your ideas and wishes when discussing your child's educational needs Explain:

19. What suggestions do you have for improving the children's programs?
Explain:

20. What other comments would you like to make regarding your participation in the VIPP Project?

APPENDIX H

Volunteer Partner Exit Interview Schedule

NAME: ____________

Contact: ____________

____

____

Introductory Remarks

State reasons for interview, and assure confidentiality of information.

Provide remarks pertaining to the theory supporting the volunteer partner concept. "Many parents with significantly handicapped children need social emotional support to enable them to better cope and to be able to meet the many needs of their handicapped child. Social emotional support means, being there, being a friend. Many parents sometimes need someone to assist in the demands of caregiving for their special child. And, a volunteer partner could be such a person that is available and trusted to share this responsibility. Finally, many times the professional who knows the child is the best person in assisting parents, but in rural areas there is generally a lack of sufficient professional resources for parents with significantly handicapped children. But a volunteer partner with the support and guidance from professionals can be available to help parents with some of their needs."

Background Information About Partner

1. What is your relationship to (name) ____________?

2. What is your occupation, if employed? ____________

3. Your age? ________

4. Your highest educational grade attended? ____________

5. Which of the following project activities did you participate in?

   a. monthly informational & support meetings: ______
   b. read monthly newsletter: ______
   c. volunteered in the day care center: ____
   d. assisted with the community fundraising: ____
   e. used toys from the lending library: ____
   f. participated in the respite care program: ___
   g. other activities: ___

6. If someone asks you to describe what a volunteer partner is, how would you answer?

7. Why did you agreed to be (name) 's volunteer partner?

8. How do you think (name) has benefitted from you being their partner? Explain:

9. Was your involvement mostly: (a) support; (b) actual caregiving; (c) other, such as ______________________

10. In what ways was the VIPP staff helpful to you? Explain:

11. Did you find the Parent/Partner Plans helpful?
Explain:

12. Did you work on the specific goals that were identified by the parent and the volunteer coordinator?
Explain:

13. Did you find it helpful to have a volunteer coordinator?
Explain:

14. Did you or did the parent suggest working on specific Plan goals?
Explain:

15. As the result of being a volunteer partner do you feel that you are more understanding of the needs of parents with special children?
Explain:

16. Did you receive adequate preparation for the role of a volunteer partner by the VIPP staff?
Explain:

17. Were your responsibilities as a volunteer partner clearly defined and explained?
Explain:

18. Do you feel you had a part in developing the Plan?
Explain:

19. Was there adequate follow-up of the Plan given in regard to the changing of goals?
Explain:

20. Did you think the partner goals were realistic?
Explain:

21. How did your relationship with __(child)__ change as the result of you being a parent partner?
Explain:

22. Would you have been involved with (name) ____________ at the same level if you had not been a volunteer partner?
Explain:

23. Would you be a volunteer partner again, if asked?
Explain:

24. In my beginning remarks, I gave three reasons (social emotional support, skilled caregiving, and extending professional roles) as the anticipated benefits of the volunteer partner model. Do you agree?
Explain:

25. Rate in order of importance the above three reasons for volunteer partners.

____

____

____

26. Other comments:

APPENDIX I

Field Reviewer's Questionnaire

INFORMATION FOR THE REVIEWER

The Volunteer Handbook and the Implementation Manual To Volunteer Programs are being developed and field reviewed as part of a HCEEP grant award. The Volunteers In Partnership With Parents is an early childhood intervention project that focuses on the use of volunteers to work with families and special needs children.

A volunteer is asked to become a partner to each family who has a handicapped child enrolled in the project. These partners provide emotional support and caretaking services for their families, and they may participate in training activities to learn about special children. The process for implementing the parent's and partner's relationship is through a written Parent/Partner Plan that contains written goals and objectives.

In addition to the Volunteer Partners, the project staff established a volunteer program to assist in the daily operations at the developmental day care center.

The Handbook is written to be used with either type of volunteer--partner volunteers or day care volunteers. The suggested way to use the Handbook is during orientation of the volunteer. The Manual is written for program administrators or other individuals who are in positions to establish and maintain a volunteer program. Although the Handbook and Manual discuss volunteer programs as they relate to the experience of the staff of a handicapped children's intervention program, the same principles and guidelines could easily be applied by individuals who work in other kinds of human services organizations.

Will you give us your opinion regarding the Handbook and Manual by completing the backside of this page?

BEST COPY AVAILABLE

Reviewer's Comments

Name (Optional) ____________________ Position or Work Title ____________________

Are you now or have you been a volunteer? _____Yes _____No

Are you now or have you been a supervisor or "in charge" of volunteer(s)? _____Yes _____No

If you read the Volunteer Handbook, please rate the following:

	Good	Fair	Should be Improved
Format (Physical appearance)	____	____	____
Readability	____	____	____
Ideas & concepts clearly expressed	____	____	____
Interesting	____	____	____
Usefulness to me	____	____	____

Comments:

____

____

If you read the Implementation Manual, please rate the following:

	Good	Fair	Should be Improved
Format (Physical appearance)	____	____	____
Readability	____	____	____
Ideas & concepts clearly expressed	____	____	____
Interesting	____	____	____
Usefulness to me	____	____	____

Comments:

____

____

THANK YOU FOR YOUR HELP!

APPENDIX J

VIPP Newsletter Evaluation Reports

VIPP MONTHLY NEWSLETTER EVALUATION
SUMMARY REPORT

As part of the VIPP Project's ongoing monitoring plan, a survey questionnaire was sent to individuals on the newsletter's regular mailing list. Since the previous newsletter evaluation in January, 1985, the staff has provided more research or professionally focused articles on early intervention programs, child development, and research findings related to special needs children and families. This type of information generally is formatted as feature articles, while the remaining news items are written purposefully short and brief. Each month news items about the project, volunteers, and children in both the center-and home-base programs are written with the entire VIPP staff contributing to the newsletter's production.

The newsletter evaluation questionnaire was sent with the September's newsletter with a stamped return envelope. A total of 43 questionnaires were sent and results are being reported from 19 returned questionnaires. See appendix A for a copy of the VIPP Monthly Newsletter Evaluation questionnaire.

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The frequency of responses for each item follows.

1. Are you a VIPP Parent, or Partner, or Volunteer, or Friend of VIPP?

   Responses: 5 parents; 1 partner; 3 volunteers, 10 friends of VIPP.

2. Do you read the VIPP Newsletter?

   Responses: 18 yes; 0 no; 1 sometimes.

3. Do other persons in your family or office read the VIPP Newsletter?

   Responses: 6 yes; 5 no; 8 sometimes.

4. Do you find the information about the VIPP Project interesting?

   Responses: 18 yes; 0 no; 1 sometimes.

5. Do you find the information on available resources such as services and activities for the handicapped helfpul?

   Responses: 17 yes; 0 no; and 2 sometimes.

6. Do you like reading about what other people are doing for the VIPP Project?

   Responses: 16 yes; 0 no; and 3 sometimes.

7. Do you like reading the feature article section?

   Responses: 18 yes; 0 no; and 1 sometimes.

8. How do you suggest we can change the VIPP Newsletter?

   Responses: 1 more information*; 0 less information; 18 leave as is.
   (*no specific suggestions were given)

9. How would you rate the VIPP Newsletter?

   Responses: 17 always interesting, very good, and don't change it 2 sometimes interesting, good, but could be improved; and 0 usual not interesting and needs to be changed.

Additional Comments:

A "friend of VIPP" commented they found the information on resources and services helpful for their non-handicapped child.

Another "friend" requested that other individuals in their agency be included on the newsletter mailing list.

Summary Comment:

The results of the present newsletter evaluation indicate for the individuals, 44% (N = 19) who returned their questionnaires they are reading their newsletters. They unanimously indicate satisfaction with the quality and content of the newsletters. At this time, the VIPP Staff does not plan to make substantive changes in the format of the monthly newsletter.

Winter 1985

SUMMARY REPORT
OF
VIPP NEWSLETTER EVALUATION

Prepared By: Lynda A. Nelson, Ed.D.

The VIPP Project Staff has published a monthly Newsletter for parents, volunteers, and "friends of the Project" since May, 1984. Ms. Donna White, the Parent And Volunteer Coordinator has the primary responsibility for writing the Newsletter, however it is a total staff production.

The objectives for the Newsletter are to: (a) disseminate information about the Project's programs and services; (b) provide information about the special needs of young handicapped children and the available resources for them; (c) encourage parents and volunteers to actively support and participate in VIPP Project activities; and (d) recognize individuals who support the VIPP Project.

In an effort to determine if the Newsletter is meeting the above objectives, a survey questionnaire was developed and mailed to the current Newsletter recipients, (i.e., parents, partners, Center volunteers, and "friends"). Thirty-one individuals were mailed questionnaires during the month of January. The following section summarizes the responses for 26 respondents. A total of thirty-one evaluations were mailed, and 26 returns were received for 84% group response. The return rate by group was: 90% return for the 10 families; 100% return for the 3 partners; 75% return for the 4 volunteers; and 79% return for the 14 "friends of VIPP".

Percent Of Item Responses For Each Group

(NR = No Response)

Do you read the VIPP Newsletter?

Parent Responses:	Yes=78%,	No=11%,	and "Sometimes"=11%
Partner Responses:	Yes=66 2/3%,	No=0,	and "Sometimes"=33 1/3%
Volunteer Responses:	Yes=100%,	No=0,	and "Sometimes"=0
Friend Of VIPP Responses:	Yes=100%,	No=0,	and "Sometimes"=0

Do other persons in your family (or office) read the VIPP Newsletter?

Parent Responses:	Yes=33 1/3%,	No=33 1/3%,	and "Sometimes"=33 1/3%
Partner Responses:	Yes=66 2/3%,	No=0,	and "Sometimes"=33 1/3%
Volunteer Responses:	Yes=33 1/3%,	No=33 1/3%,	and "Sometimes"=33 1/3%
Friend Of VIPP Responses:	Yes=36%,	No=56%,	and "Sometimes"=0 (NR=1)

Do you find the information about the VIPP Project interesting?

Parent Responses: Yes=89%, No=0, and "Sometimes"=11%
Partner Responses: Yes=100%, No=0, and "Sometimes"=0
Volunteer Responses: Yes=33 1/3%, No=33 1/3%, and "Sometimes"=33 1/3%
Friend Of VIPP Responses: Yes=91%, No=0, and "Sometimes"=0 (NR=1)

Do you find the information on available resources, such as services and activities about the handicapped helpful?

Parent Responses: Yes=89%, No=0, and "Sometimes"=11%
Partner Responses: Yes=100%, No=0, and "Sometimes"=0
Volunteer Responses: Yes=100%, No=0, and "Sometimes"=0
Friend Of VIPP Responses: Yes=91%, No=9%, and "Sometimes"=0

Do you like to read about what other people are doing for the VIPP Project?

Parent Responses: Yes=89%, No=0, and "Sometimes"=11%
Partner Responses: Yes=100%, No=0, and "Sometimes"=0
Volunteer Responses: Yes=100%, No=0, and "Sometimes"=0
Friend Of VIPP Responses: Yes=100%, No=0, and "Sometimes"=0

How do you suggest we can change the VIPP Newsletter?

Parent Responses: More Info=33 1/3%, Less Info=0,and Don't Change=66 2/3%
Partner Responses: More Info=50%, Less Info=0,and Don't Change=50%(NR=1)
Volunteer Responses: More Info=66 2/3%, Less Info=0,and Don't Change=33 1/3%
Friend Of VIPP Responses: More Info=10%, Less Info=0,and Don't Change=73% (NR=1)

Suggestions for more information about:

Parent Responses: Community activities
Partner Responses: ---------------------
Volunteer Responses: Progress of VIPP, hours volunteers may work, and any special activities, so can make plans to help
Friend Of VIPP Responses: Feature on family stories of other handicapped children, information on different types of disorders, and summary statements on child development findings

How would you rate the VIPP Newsletter?

Parent Responses: Always Interesting=89%, Sometimes Interesting=11%, Usually Not Interesting=0
Partner Responses: Always Interesting=66 2/3%,Sometimes Interesting=33 1/3% Usually Not Interesting=0
Volunteer Responses: Always Interesting=100%, Sometimes Interesting=0, Usually Not Interesting=0
Friend Of VIPP Responses: Always Interesting=73%, Somtimes Interesting=27%, Usually Not Interesting=0

Interpretation Of Data

The results from the VIPP Newsletter Questionnaire can be summarized as the following. Clearly the majority of the respondents are reading the VIPP Newsletter. Nearly all the parents, partners, and "friends" find the information about the VIPP Project always interesting; whereas only a third of the volunteers find the information interesting sometimes or not at all. However the majority of respondents in each of these groups like the information about handicapped resources and activities as helpful, and they responded similarly about their liking to read about the involvement of other people with the Project.

The majority of the volunteer respondents suggested more information, however the parent and "friends" suggested leaving the Newsletter "as is". The partner group was split with 50 percent wanting more information and 50 percent indicated to "leave as is". None of the respondents suggested less information for future Newsletters.

Some of the specific informational suggestions were the following:

1. Include community activities (from a parent).
2. More progress news on the Project (from a volunteer).
3. Specific information about volunteer needs and hours (from a volunteer).
4. Include information about handicapping conditions, research summaries, and feature stories about families with handicapped children.

The majority of respondents from each of the groups rated the overall quality of the Newsletter as, "very good, and don't change it". The data support that the VIPP Newsletter is meeting the staff's objectives. However the suggestions that were made should be given consideration in future Newsletters.

Recommendations

1. VIPP Staff should continue to publish a monthly Newsletter. A periodic review and updating of the mailing list would be helpful.
2. Specific information about volunteering needs, etc. should be given.
3. Inclusion of community activities and children's activities may be of interest to parents.
4. Information about research development in the field of early childhood and special education, and human interest stories would be helpful. However, one respondent indicated the brief, easy-to-read aspect of the Newsletter was a positive feature.
5. Conduct another evaluation of the Newsletter within six to nine months.

(A Copy Of The VIPP Newsletter Questionnaire Is Attached)

VIPP MONTHLY NEWSLETTER EVALUATION

The VIPP Staff needs your help! In the past, we have tried to provide you with an informative newsletter about the VIPP Project's activities. A newsletter such as ours is one way that the VIPP Staff can communicate with you. However, we need to know if you are getting our messages and if you find them helpful.

It will take just a few minutes to complete this feedback form, and while you write enjoy the stick of gum. Please use the envelope that we have provided to return your completed evaluation by January 18th. Thank you for your help!

	Yes	No	Sometimes
1. Are you a VIPP: Parent	___	___	
Partner	___	___	
Volunteer	___	___	
"Friend Of VIPP"?	___	___	
2. Do you read the VIPP Newsletter?	___	___	___
3. Do other persons in your family read the VIPP Newsletter?	___	___	___
4. Do you find the information about the VIPP Project interesting?	___	___	___
5. Do you find the information on available resources such as services and activities about the handicapped helpful?	___	___	___
6. Do you like to read about what other people are doing for the VIPP Project?	___	___	___

7. How do you suggest we can change the VIPP Newsletter?

___ more information ___ less information ___ leave as is

8. If you want more information, tell us what about.

(a) ______________________________

(b) ______________________________

(c) ______________________________

(d) ______________________________

9. How would you rate the VIPP Newsletter? (Check only one blank)

___ Always interesting, very good, and don't change it.

___ Sometimes interesting, good, but could be improved

___ Usually not interesting and needs to be changed

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